



WorldviewAcademy®

COVID Screening

Please bring this completed form to camp check in.

Has your student experienced any of the following symptoms in the past 48 hours?

- fever or chills
- cough
- shortness of breath or difficulty breathing
- fatigue
- muscle or body aches
- headache
- new loss of taste or smell
- sore throat
- congestion or runny nose
- nausea or vomiting
- diarrhea

Circle your Answer:

YES NO

Have you or your student been exposed in the past ten days to someone who has COVID (or who is being tested for COVID)?

Circle your Answer:

YES NO

Student's Name: _____

Name of Person Completing this Form: _____

Relationship to Student: _____