



# PROFESSIONAL DEVELOPMENT

College of Engineering, Architecture and Technology

## Verification for Camp Entry

Novel Coronavirus (COVID-19)

To ensure the safety and health of our employees and campers that may interact with other campers, please answer the following:

Please check Yes or No for each question.	Yes	No
Have you or your child been diagnosed with or suspected to have COVID-19 in the last month?		
In the last two weeks (14-days), your child has have been in close contact with someone who has been confirmed to have, or is suspected to have COVID-19?		
In the last two weeks (14-days), has a member of your household been in close contact with someone diagnosed with COVID-19 or symptomatic but undiagnosed?		
In the last two weeks (14-days), your child has in close contact with someone (including household members) who has been in Hubei Province, China.		
In the last two weeks (14-days), your child has been under quarantine for COVID-19?		
Anybody in the family currently experiencing symptoms consistent with COVID-19. Per the CDC, these symptoms may include fever, cough, and shortness of breath or have had emergency warning signs such as, difficulty breathing or shortness of breath, persistent pain or pressure in the chest, new confusion or inability to arouse or bluish lips or face.		
In the last two weeks (14-days), me or a member of my household has been to a location designated by the CDC as a Level 3 Travel risk or have travelled Internationally?		

*If you answered Yes to any of the above questions, you may not enter the premises.*

I have read, understand, and verified the above statements, and attest to the accuracy of my answers with my signature below.

Campers Name: \_\_\_\_\_

Parent or Guardian

Printed

Name:

\_\_\_\_\_

Date:

\_\_\_\_\_

Signature:

\_\_\_\_\_