



COVID - 19 MEDICAL FORM

HELP US KEEP OTHERS SAFE!

Until COVID is no longer an issue, we will continue to collect pre-screening information.

CIRCLE ONE: MALE / FEMALE

NAME: _____ BIRTHDAY ____/____/____
ADDRESS _____ ST _____ ZIP _____
PHONE: _____ HOME OR CELL _____

Please complete this information form, and return it to Benjamin Moore at Camp Joy as an additional part of your registration process. Email form: benjamin.moore@campjoy.org or send to W7725 Kettle Moraine Dr. Whitewater, WI

- 1) I have tested positive for COVID-19 in the last 14 days. YES/NO
- 2) Someone who lives in the same house as me has tested positive for COVID-19 in the last 14 days. YES/NO
- 3) I or my family has had exposure to someone who has tested positive for COVID-19 in the last 14 days. YES/NO
- 4) Have you had COVID and when did you recover? YES/NO

We at Camp Joy have implemented additional measures, but given that COVID is in our State and Nation in ways no one really knows, we cannot guarantee that campers could not be exposed to COVID while here at Camp Joy.

While Camp Joy takes precautions to ensure the safety of all attendees, it is understood that accidents or risks of bodily injury may occur. I intend by my signature a complete and unconditional release of the camp for all liability to the greatest extent allowed by law.

Signature: _____ Date _____