



### **Covid-19 Pre-Trip Screening and Policy Agreement**

I agree to not attend CHWC if I am experiencing any of the following symptoms 48 hours prior:

- Fever or chills (+100.4)
- 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

I have read, understand and agree to the Covid-19 policies set forth by CHWC and will also encourage other group members to adhere to the guidelines.

Participant Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Custodial Parent Name: \_\_\_\_\_

Custodial Parent Signature: \_\_\_\_\_  
(if under 21 years of age)

Please return to your Workcamp Contact Leader.  
Contact Leaders: Please bring to camp.