

“GOOD-FAITH COVID DECLARATION” DOCUMENT (DUE AT CHECK-IN)

In order to adequately provide the best possible health environment prior to camp, the Carthage College Soccer Camp is asking you to answer the following questions and aid in following suggested tracking guidelines. Two days prior to camp you will receive this questionnaire along with an infectious disease/COVID Hold Harmless document. If you, the camper or staffer, or anyone in your immediate household answer “YES” to a question below, or are currently testing positive to a COVID strain, please contact the Camp Director prior to arrival. This is a self-assessment guide in best practice.

Camper/Staffer’s Name: _____

Date this Questionnaire was completed: _____

CIRCLE ANSWER

1. Have you, the camper/staffer/an immediate household family member, attended any large gatherings 7 days prior to the start of camp?	Yes	No
2. Have you, the camper/staffer/an immediate household family member), had a temperature above 100 degrees for two consecutive days from the moment answering this question and within 7 days prior to camp?	Yes	No
3. Does anyone in your immediate household have COVID currently?	Yes	No
4. Do you currently have a fever, chills, a cough, over fatigue?	Yes	No
5. Is anyone in the household experiencing more than normal shortness of breath?	Yes	No
6. Is the camper/staffer or anyone in the immediate household experiencing a loss of taste or smell in the last 7 to 14 days?	Yes	No
7. Is the camper/staffer or anyone in the immediate household experiencing a sore throat, runny nose, diarrhea in the last 7 to 14 days?	Yes	No
8. Does the camper/staffer or anyone in the immediate household complain of extraordinary muscle or body aches over the last 7 to 14 days?	Yes	No
9. Has there been any prolonged headaches or stomach aches over the last 7 to 14 days for the camper/staffer or anyone in the immediate household?	Yes	No
10. In “good-faith,” is there any self-assessment, doctor’s or health care professional’s advice/recommendation to preclude you from participating in a camp setting, and particularly in a sport and residential environment?	Yes	No

Signature of Camper, Staffer or Camper’s Parent or Legal Guardian: _____

Information collected is private and for the use of the College, the Carthage Soccer Camp and Athletic Training Staff

Carthage College’s Employee Daily Health Checklist for reference

<https://www.carthage.edu/live/files/5234-employee-daily-self-health-monitoring-formpdf>

DAILY MORNING CHECKLIST: STAFF TO QUERY THEIR TRAINING GROUP PARTICIPANTS AND THEMSELVES

HORIZONTAL LAYOUT

Name of Camper: Name of Staffer:	Date	Fever, Cough, Chills, and /or Muscle aches	Sore Throat, runny nose, and/ or loss taste or smell	Nausea, vomiting, and/or headache	Shortness of Breath and/or headache	Close, contact or cared for someone with COVID-19	Temp(if higher than 100.4 F)
Residential Camp	RC	RC	RC	RC	RC	RC	RC
	7/22	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	
	7/23	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	
	7/24	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	
	7/25	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	
	7/26 BC	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	
Day Camps/Jr Kickers	DC/JK	DC/JK	DC/JK	DC/JK	DC/JK	DC/JK	DC/JK
	6/28	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	
	6/29	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	
	6/30	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	
	7/1	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	

- Each morning of camp and/or at first roll call, campers and staff will complete a category assessment surrounding their personal health. This portion of day is believe to be the most stable period following nightly rest, a more non-exercise induced environment or possible climate which may lead to false-positive readings, and at a time prior to the introduction of activity (and activity in close proximity to others).
- Participants are queried privately away from the group if they need aid in completing the assessment in writing
- If a camper or staff member exhibits elevated symptoms as a function of the checklist, the Athletic Trainer will reassess the symptoms and refer the camper or staffer to their room in heightened concern.
- The individual will be quarantined to their room along with their roommate regardless of their symptoms for further monitoring. The parents or guardians of both individuals will be contacted and explained the situation. Both campers will be encouraged to shower, sanitize and rest in their private single rooms. This action also applies to the random

elevated forehead tests conducted by the athletic training staff throughout camp, and if symptoms are observed in other places or people in camp

- At this point, a decision will be made whether the camper/s will be picked up, closely monitored, and/or reassessed over 24 hours, and whether declining symptoms lead to safe resocialization. Or elevated symptoms lead to other actions of withdrawal from camp.
- In the event a camper or campers in a single training group appear to have COVID like symptoms, the entire team group will be asked to shower, rest, and re-test prior to the next immediate session or activity. Taking further steps in personal hygiene and sanitizing.
- If a trend continues within the group, the College, the local Health Board, and nearby health professionals will be contacted for medical advice and next steps.
- If an entire team groups appears to be displaying symptoms, the team/training group will be asked to move to another dormitory for quarantine and next steps. Pulling them away from the entire camp.
- The College will take a conservative approach when dealing with any potential outbreak. That is, error on the side of overly cautious in monitoring and resocializing any individual/s.
- If an individual's symptoms are classic, suggested course of action is to contact and transport directly to the local hospital with parent or guardian knowledge