INDIVIDUAL HEALTH RECORD
FOR CAMPER/STAFF/VOLUNTEER
(FOR CAMP USE ONLY)

DOING THE MOST GOOD

THE SALVATION ARMY
RESIDENTIAL CAMP

Name _____ Corps/Unit _____

Initial Screening Date/Time: _____ By Whom: _____ Initials: _____

Screening has been conducted according to camp protocol and significant findings noted as follows:

A. Any signs/symptoms of illness or injury upon arrival?	□ No	□ Yes as noted below
B. History of exposure to communicable disease?	□ No	□ Yes as noted below
C. Additions or corrections to information on this health history?	□ No	□ Yes as noted below
D. Medication given to health-care staff?	□ No	□ Yes as noted below
E. Any signs/symptoms of head lice?	□ No	□ Yes as noted below

Provider Notes: (Date/time/initial all entries)

Exit Note: Check one of the following:

- ☐ Left camp this day with no reported illness or injury symptoms.
- ☐ Left camp this day with the following problem/concern:

This person was told about the problem and instructed about follow-up as noted above: _____

Date/Time: _____Signature: _____

Camper Name: _____

Corps/Unit: _____