



# Miracle Mountain Ranch

101 Rodeo Drive Spring Creek PA 16436 • www.MiracleMountainRanch.com • (814) 664-7673

## Rancher Pre-Screening Health Questionnaire

To be Completed the day camp begins.

Guest Name: \_\_\_\_\_

Date: \_\_\_\_\_

Are you currently or in the last 2 weeks experienced any of the following symptoms or combinations of symptoms?	Yes	No	N/A	How long have you experienced these symptoms?
Cough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Or at least two of these symptoms:</b>				
Fever (100.4 or higher)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Persistent Headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sore Throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
New loss of taste/smell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Congestion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nausea or vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Social Distancing and Exposure Checklist:

Have you had any of these experiences in the last 2 weeks?	Yes	No	N/A	Comments
<b>Have you self-quarantined? If so, how many days and why?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Have you knowingly been exposed to anyone currently waiting for COVID-19 test results?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Have you knowingly been exposed to anyone who has tested positive for COVID-19?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Guest Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (If under 18): \_\_\_\_\_

Guest Temperature (To be taken the day of arrival): \_\_\_\_\_

## Daily Check-in

### Day Two

Are there any changes to your child's health or exposure to Covid-19 since yesterday morning?

YES \_\_\_\_\_ NO \_\_\_\_\_ Explain: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

MMR Staff Name: \_\_\_\_\_ Rancher Temperature: \_\_\_\_\_

Drop Off: \_\_\_\_\_ Pick-up: \_\_\_\_\_

### Day Three

Are there any changes to your child's health or exposure to Covid-19 since yesterday morning?

YES \_\_\_\_\_ NO \_\_\_\_\_ Explain: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

MMR Staff Name: \_\_\_\_\_ Rancher Temperature: \_\_\_\_\_

Drop Off: \_\_\_\_\_ Pick-up: \_\_\_\_\_

### Day Four

Are there any changes to your child's health or exposure to Covid-19 since yesterday morning?

YES \_\_\_\_\_ NO \_\_\_\_\_ Explain: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

MMR Staff Name: \_\_\_\_\_ Rancher Temperature: \_\_\_\_\_

Drop Off: \_\_\_\_\_ Pick-up: \_\_\_\_\_

### Day Five

Are there any changes to your child's health or exposure to Covid-19 since yesterday morning?

YES \_\_\_\_\_ NO \_\_\_\_\_ Explain: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

MMR Staff Name: \_\_\_\_\_ Rancher Temperature: \_\_\_\_\_

Drop Off: \_\_\_\_\_ Pick-up: \_\_\_\_\_