**CAMPER QUESTIONNAIRE**

**\*\*Please cancel your reservation if you answer “Yes” to any of these questions below. If you answer yes to any of the above questions, you will not be permitted to camp.**

1. Have you, or anyone in your residence, come into close contact (within 6 feet) with someone who has a suspected or confirmed COVID-19 diagnosis in the past 14 days either at home or at work?

Yes or No

1. Have you or anyone in your residence had a fever (greater than 100.4 F or 38.0 C OR symptoms of lower respiratory illness listed below\* in the past 14 days?

Yes or No

1. Are you or anyone in your residence currently experiencing a fever (greater than 100.4 or 38.0 C) OR symptoms of lower respiratory illness listed below?

Yes or No

* Shortness of Breath (new or worsening)
* Troubled Breathing (new or worsening)
* Fever
* Chills
* Muscle Pain (new or worsening)
* Headache (new or worsening)
* Sore Throat (new or worsening)
* New Loss of Taste
* New Loss of Smell

**\*\*Please enclose this completed form with your payment. If you have any questions please call Park Superintendent, Gary Richman at (607) 237-5967.**