



Saltaire Recreation

PO Box 5551, Bay Shore, NY 11706

www.saltairecamp.com Ph: 631-583-5566 Fax: 631-583-5986



This person was seen by the Saltaire Recreation Medical Director with symptoms of COVID-19.

The Centers for Disease Control and Prevention (CDC) say symptoms may start **2-14 days after exposure** to the virus. Symptoms of COVID-19 are listed* below and this person has had the following symptom(s) (check boxes):

- | | | |
|---|---|---|
| <input type="checkbox"/> Fever of ____ °F | <input type="checkbox"/> Muscle/body aches | <input type="checkbox"/> Runny nose |
| <input type="checkbox"/> Chills | <input type="checkbox"/> Headache | <input type="checkbox"/> Stomach ache/Nausea |
| <input type="checkbox"/> Cough | <input type="checkbox"/> New loss of taste or smell | <input type="checkbox"/> Throwing up/Vomiting |
| <input type="checkbox"/> Shortness of breath or trouble breathing | <input type="checkbox"/> Sore throat | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Tired/Fatigue | <input type="checkbox"/> Stuffy nose/congestion | |

*This list does not include all possible symptoms. CDC will continue to update this as more is learned about COVID-19. Please see the [CDC's COVID-19 in Children and Teens](#) for more information.

According to the CDC, the COVID-19 signs and symptoms below require immediate emergency room care. If you see any one symptom below call 911 or go to the closest emergency room.

Persistent pain or chest pressure	New confusion	Flushed/red cheeks	Bluish lips or face
Going to the bathroom a lot (diarrhea and urination)	Hard to wake or stay awake	Difficulty breathing, fast breathing, or trouble breathing at rest	Extremely exhausted and/or extreme irritability

PLEASE BRING THIS FORM TO YOUR HEALTH CARE PROVIDER (HCP)

NYS Department of Health **REQUIRES** staff and campers with any one symptom of COVID-19 to see a health care provider **AND** have one of the items listed below to return to camp.

- | |
|---|
| <input type="checkbox"/> Negative COVID test: Proof is the lab result or Health Care Provider (HCP who is a physician, nurse practitioner, or physician assistant) note |
| <input type="checkbox"/> HCP Note: Explaining a diagnosis of a known Chronic Condition with unchanged symptoms. Diagnosis alone is not enough. |
| <input type="checkbox"/> HCP Note of a Confirmed Acute Illness (e.g., laboratory-confirmed influenza, strep throat) AND COVID-19 is not suspected, then a note signed by a HCP explaining the alternate diagnosis is required. Diagnosis alone is not enough. Person may return to camp as instructed by the HCP. |
| <input type="checkbox"/> Release from the local Department of Health (DOH) upon return to camp. |

Please call with any questions.

Sincerely,
Dana DeRuvo RN, BSN
Medical Director

HCP's Printed Name & Title: _____
HCP's Signature: _____ Date: _____
HCP's Stamp: _____