



2021 FUGE CAMPS HEALTH QUESTIONNAIRE

Participant: Give this form to your Group Leader before leaving for camp.

Group Leaders: Turn these in to Camp Staff upon arrival at camp.

Church Name, City, & State: _____

Camp Location: _____ Camp Dates: _____

Participant Name: _____ Birthdate: ____ / ____ / ____

The answers below should reflect the health of the participant within 24 hours prior to leaving for camp.

Check the appropriate box for each section below.	YES	NO
Within the past 14 days, has the Participant been in close physical contact (6 feet or closer for a cumulative total of 15 minutes or more over a 24-hour period) with anyone who has tested positive for COVID-19 or anyone who has symptoms consistent with COVID-19?		
Have the Participant or any household members experienced any of the following symptoms in the last 14 days? <ul style="list-style-type: none"> • Fever (of 100.4 or greater) or chills • Cough • Shortness of breath or difficulty breathing • Fatigue • Muscle or body aches • Headache • New loss of taste or smell • Sore throat • Congestion or runny nose • Nausea or vomiting • Diarrhea 		
Are you currently waiting on the results of a COVID-19 test?		

If an answer to any question on the Health Questionnaire is “yes,” the participant **must stay home.**

For more information about what camp looks like, reference the 2021 FUGE Camps COVID-19 Guide on our website.

Complete and sign below.

(Consent by a parent or guardian is required for those participants under the age of majority, which varies by state. For example, in Alabama and Nebraska, consent is required for those under 19 years of age.)

Signature: _____

Print Name: _____ Date: _____