

## FALLS CREEK YOUTH CAMP PARTICIPANT HEALTH QUESTIONNAIRE

Participant: Complete this form and return to your leader before leaving for camp.

Group leaders: Bring health questionnaires to on-site registration for verification and submit a health questionnaire compliance form.

ticipant Name:	Birthdate:
nurch attending with:	Camp Dates:
(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	
Have you knowingly been exposed to or in close phys anyone confirmed to have Covid-19 in the past 14 da to the covid-19 in the covid-19	ys (6 feet or closer
Do you feel sick?	
Have you or members of your household experience following in the past 14 days?	d any of the
-Fever over 100? Chills? -Cough or sore throat or cold/flu-like symp (fatigue, muscle or body aches, headar congestion, runny nose, nausea, vomit -Shortness of breath or difficulty breathing -New loss of taste or smell?	che, ting, diarrhea)
Are you currently waiting on the results of a Covid-19	test?
ou answered yes to any of these questions, yo	u may not attend Falls Creek Youth Camp.
kposed, you may attend if you have been fully I have no symptoms.	vaccinated or have recovered from Covid-19 in the last 90 day
/ID-19 UNDERSTANDING	
<ul> <li>I understand masks will be allowed, but no</li> <li>I understand that senior citizens and those</li> <li>I understand that Covid-19 testing will not</li> <li>I understand Covid-19 vaccinations are not</li> <li>I understand that participants will be sent</li> <li>Close contact exposure: being 6 feet or clin a 24-hour period.</li> </ul>	tagious disease that can lead to serious health complications. It required at Falls Creek Youth Camp.  with underlying medical conditions can be especially vulnerable be provided at Falls Creek Youth Camp. It required for participation in Falls Creek Youth Camp. It home if exposed to a symptomatic, Covid-19 positive participant for 15 or more cumulative minerals.
<ul> <li>I understand that, in addition to heightene behaviors, groups may perform daily temp</li> </ul>	d attention to cleaning habits, personal hygiene, and distancing erature checks with participants.
- Tunderstand groups will perform a daily ne	анн спеск with participants.
Participant Name:Signature:	

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

Print Name: \_\_\_\_\_