



Disciple Now 2021 HEALTH SCREENING FORM

FBC May wants to provide the best experience for our students, leaders, and churches. We appreciate the partnership and would like your help in preparing your students for this weekend. This form is required by all students and adult volunteers and is to be turned in at registration and completed prior to your arrival.

Last Name

First Name

Church Name

DOB

Guardian Name (if under the age of 18)

Emergency Contact

Immediately before your child's (your) arrival, we ask that students and adults reduce their risk of exposure to COVID-19. By reducing the risk, we mean limiting exposure to non-family members, wearing a face mask around non-family members, avoiding large crowds/gatherings, and limiting unnecessary travel.

Date	01/29/21	01/30/21	01/31/21	02/01/21	02/02/21	02/03/21	02/04/21
Temp							

Please check mark to the following statements and how it applies to your student (you):

My camper has (I have) made an honest attempt to reduce the risk.

Yes No

Symptoms in the last two weeks — check any that apply to your camper (you)

Fever (above 100.4 F)

Cough

Shortness of Breath

Body Aches

Change in Taste or Smell

Not Feeling Well

By signing here, I certify all information is true and correct:

Signature _____

Date _____

