

Please complete and submit this form to APCC office one day before departure.

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## BRIDGE Summer Camp Final Health Check Form

We would like to know in advance if any of your delegates feel ill or show signs of illness before departure, so that we could pay careful attention to him/her upon their arrival in Fukuoka. In case you find your JAs, chaperon or BC President or BCIO member feeling severely ill, we would like to ask you to make a final judgment whether or not he/she could participate in BRIDGE Summer Camp. **Please monitor each participant's health condition for two days before departure and report us the check result as well as their body temperature** by this form. To decrease the risk of infection spread during the program, we would also like to know **if any of their family members or someone close to them have acquired infectious disease within a month.**

■ Name of Country/Region :

■ Date:

■ Name of the Liaison Officer :

(ID: ●●●●●)	Condition		Symptoms	Infectious disease among the people close to the participants (Family, School / Work place)
	Date: July	Date: July		
<b>Example</b> (ID: 470011 ) Taro APCC	<input type="checkbox"/> Healthy <input checked="" type="checkbox"/> Not good Body Temperature ( 37.1 °C )	<input checked="" type="checkbox"/> Healthy <input type="checkbox"/> Not good Body Temperature ( 36.8 °C )	<i>He had a stomachache and diarrhea yesterday. Not serious and he is feeling better now.</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Details(What/When/Who): <i>His dad had a flu a week ago.</i>
(ID: )	<input type="checkbox"/> Healthy <input type="checkbox"/> Not good ( °C )	<input type="checkbox"/> Healthy <input type="checkbox"/> Not good ( °C )		<input type="checkbox"/> Yes <input type="checkbox"/> No Details(What/When/Who):
(ID: )	<input type="checkbox"/> Healthy <input type="checkbox"/> Not good ( °C )	<input type="checkbox"/> Healthy <input type="checkbox"/> Not good ( °C )		<input type="checkbox"/> Yes <input type="checkbox"/> No Details(What/When/Who):
(ID: )	<input type="checkbox"/> Healthy <input type="checkbox"/> Not good ( °C )	<input type="checkbox"/> Healthy <input type="checkbox"/> Not good ( °C )		<input type="checkbox"/> Yes <input type="checkbox"/> No Details(What/When/Who):
(ID: )	<input type="checkbox"/> Healthy <input type="checkbox"/> Not good ( °C )	<input type="checkbox"/> Healthy <input type="checkbox"/> Not good ( °C )		<input type="checkbox"/> Yes <input type="checkbox"/> No Details(What/When/Who):
(ID: )	<input type="checkbox"/> Healthy <input type="checkbox"/> Not good ( °C )	<input type="checkbox"/> Healthy <input type="checkbox"/> Not good ( °C )		<input type="checkbox"/> Yes <input type="checkbox"/> No Details(What/When/Who):
(ID: )	<input type="checkbox"/> Healthy <input type="checkbox"/> Not good ( °C )	<input type="checkbox"/> Healthy <input type="checkbox"/> Not good ( °C )		<input type="checkbox"/> Yes <input type="checkbox"/> No Details(What/When/Who):
(ID: )	<input type="checkbox"/> Healthy <input type="checkbox"/> Not good ( °C )	<input type="checkbox"/> Healthy <input type="checkbox"/> Not good ( °C )		<input type="checkbox"/> Yes <input type="checkbox"/> No Details(What/When/Who):