

BRIDGE KIDS PROGRAMS 2026

BRIDGE Summer Camp

Final Health Check Form

Please complete and submit this form to
APCC office TWO days before departure.
E-mail: office@apcc.gr.jp
FAX: +81-92-710-6103

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 PA 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 within the week before departure from your country/region 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: ●●●●● ●) Name	Condition		Symptoms	Nits/Head Lice	Infectious disease among the people close to the participants (Family, School / Work place)
	Date: July	Date: July			
Example (ID: 470011) Taro APCC	☐ Healthy ☒ Not good Body Temperature (37.1 °C)	☒ Healthy ☐ Not good Body Temperature (36.8 °C)	He had a stomachache and diarrhea yesterday. Not serious and he is feeling better now.	Checkup Date: July 1st ☒ Yes ☐ No If yes, mention if the treatment was held. He was infested with head lice, but the infestation was completely cleared.	☒ Yes ☐ No Details(What/When/Who): His dad had a flu a week ago.
(ID:)	☐ Healthy ☐ Not good (°C)	☐ Healthy ☐ Not good (°C)		Checkup Date: ☐ Yes ☐ No	☐ Yes ☐ No Details(What/When/Who):
(ID:)	☐ Healthy ☐ Not good (°C)	☐ Healthy ☐ Not good (°C)		Checkup Date: ☐ Yes ☐ No	☐ Yes ☐ No Details(What/When/Who):
(ID:)	☐ Healthy ☐ Not good (°C)	☐ Healthy ☐ Not good (°C)		Checkup Date: ☐ Yes ☐ No	☐ Yes ☐ No Details(What/When/Who):
(ID:)	☐ Healthy ☐ Not good (°C)	☐ Healthy ☐ Not good (°C)		Checkup Date: ☐ Yes ☐ No	☐ Yes ☐ No Details(What/When/Who):
(ID:)	☐ Healthy ☐ Not good (°C)	☐ Healthy ☐ Not good (°C)		Checkup Date: ☐ Yes ☐ No	☐ Yes ☐ No Details(What/When/Who):
(ID:)	☐ Healthy ☐ Not good (°C)	☐ Healthy ☐ Not good (°C)		Checkup Date: ☐ Yes ☐ No	☐ Yes ☐ No Details(What/When/Who):
(ID:)	☐ Healthy ☐ Not good (°C)	☐ Healthy ☐ Not good (°C)		Checkup Date: ☐ Yes ☐ No	☐ Yes ☐ No Details(What/When/Who):
(ID:)	☐ Healthy ☐ Not good (°C)	☐ Healthy ☐ Not good (°C)		Checkup Date: ☐ Yes ☐ No	☐ Yes ☐ No Details(What/When/Who):

- Please write first name or full name. Do not write nick name.
- Please check the Host family matching sheet to know the APCC ID of JAs and Chaperon.