



Abbotsford Agrifair Official 4-H Form 2021

Phone: (604)-852-6674 EXT- 2 Email: agriculture@agrifair.ca

Name of Club _____

Name of Head Leader: _____

Leader's Mailing Address _____ City _____ Prov _____

Postal _____ Home phone _____

Cell Phone _____ Email _____ Name of other Leaders: _____

Number of Members: _____

#	Full Name	#	Full Name
1		21	
2		22	
3		23	
4		24	
5		25	
6		26	
7		27	
8		28	
9		29	
10		30	
11		31	
12		32	
13		33	
14		34	
15		35	
16		36	
17		37	
18		38	
19		39	
20		40	

Please ask the following questions to each person on the list:

1. Have you or a family member traveled outside of Canada in the last 14 days?

2. Has anyone in your household experienced the following symptoms within the last 14 days:

Fever, chills, cough, shortness of breath, sore throat, painful swallowing, stuffy/runny nose, loss of sense of smell, headache, muscle aches, fatigue or loss of appetite, diarrhea, nausea, vomiting?

3. Have you been in contact with anyone with the following symptoms, or anyone who has subsequently gotten ill after your visit:

Fever, chills, cough, shortness of breath, sore throat, painful swallowing, stuffy/runny nose, loss of sense of smell, headache, muscle aches, fatigue or loss of appetite, diarrhea, nausea, vomiting?

If the answer to any of the above questions is yes, graciously inform the individual that they will need to return home.

I, _____ have asked each members the required health questions and they all answered within the governments standards.

Leader Name: _____ Leader

Signature: _____ Date: _____