

Light on the Hill Retreat Center
Health Check Form for Retreat Participants and/or Volunteers

Name: _____

Retreat (or Cottage/Hut for Individuals): _____

1. Have you experienced any of the following symptoms in the past 48 hours: Fever or feeling feverish (chills, sweating), new cough, difficulty breathing, fatigue, sore throat, muscle aches or body aches, headache, new loss of taste or smell, congestion or runny nose, vomiting or nausea, or diarrhea?

Yes No

2. Has it been fewer than 5 days since you tested positive for COVID-19 or since symptoms started?

Yes No

3. In the last 5 days, have you been in close physical contact (6 feet or closer for at least 15 minutes over a 24-hour period) with a person who is known to have laboratory-confirmed COVID-19 or with anyone who has symptoms consistent with COVID-19?

Yes No

4. Are you currently waiting on the results of a COVID-19 test (not including a pre-travel or post-travel test)?

Yes No

5. Did you answer “yes” to any of the above questions?

Yes – You are not approved to come to Light on the Hill.

No – **You are approved to come to Light on the Hill.**

I attest that I have answered the above questions truthfully, to the best of my knowledge. I agree to follow the guidance provided regarding whether I am approved to come to Light on the Hill or not.

Signature: _____

Date: _____

Email: _____

Phone: _____