

Light on the Hill Retreat Center
Health Check Form for Retreat Participants, Staff, and Volunteers

Name: _____

Retreat (or Cottage/Hut for Individuals): _____

1. Regardless of your vaccination status, have you experienced any of the following symptoms in the past 48 hours: Fever or chills, new cough, shortness of breath or 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 – Do not proceed to question 2. You are not approved to come to Light on the Hill.

No – Proceed to question 2.

2. Have you tested positive for COVID-19 in the past 5 days?

Yes – Do not proceed to question 3. You are not approved to come to Light on the Hill.

No – Proceed to question 3.

3. Are you awaiting results from a COVID-19 test taken because of symptoms or exposure?

Yes – Do not proceed to question 4. You are not approved to come to Light on the Hill.

No – Proceed to question 4.

4. Have you been in close physical contact* in the past 5 days with:

- **Anyone who is known to have laboratory-confirmed COVID-19?**

OR

- **Anyone who has symptoms consistent with COVID-19?**

*Close physical contact is defined as being within 6 feet of an infected/symptomatic person for a cumulative total of 15 minutes or more of a 24-hour period starting from 48 hours before illness onset (or, for asymptomatic individuals, 48 hours prior to test specimen collection).

Yes – Do not proceed to question 5. You are not approved to come to Light on the Hill.

No – Proceed to question 5.

5. Do you have reason to believe you may have COVID-19?

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: _____