

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

Name: _____

Retreat: _____

1. Have you been diagnosed with COVID-19 and are not yet cleared to discontinue isolation?
 Yes No
2. Are you under evaluation for COVID-19 (for example, waiting for the results of a viral test to confirm infection)?
 Yes No
3. Do you currently have a temperature above 100.4 F?
 Yes No
4. Have you experienced any of the following symptoms in the past 48 hours: Fever or feeling feverish (chills, sweating), new cough, difficulty breathing, sore throat, muscle aches or body aches, vomiting or diarrhea, new loss of taste or smell??
 Yes No
5. Within the past two weeks, have you been in close physical contact (6 feet or closer for at least 15 minutes) with a person who is known to have laboratory-confirmed COVID-19 or with anyone who has any symptoms consistent with COVID-19?
 Yes No
6. If you have traveled out of the country, or within any state not contiguous to New York, recently, and have not completed the test-out process (two negative COVID-19 tests, one from within three days before arriving in New York, one from the fourth day after you arrived), according to the [New York State Travel Advisory](#), you must quarantine for 10 days.

Are you currently subject to the mandatory 10-day quarantine from recent travel?

Yes No

Are you currently completing the test-out process because of recent travel?

Yes No

I acknowledge that I have answered the above questions truthfully, to the best of my knowledge, and I understand that if I answer yes to any, I may not attend a retreat at Light on the Hill at this time.

Signature: _____

Date: _____

Email: _____

Phone: _____