

Student/Volunteer Name: _____ Retreat Dates: _____

Pre-Retreat Health Screening

You must bring this Health Screening and COVID-19 Waiver Form to Check-In at The Chapel, or you will not be able to attend the conference.

Dear Conference Attendee,

In an effort to minimize illness at camp we ask that you check on the health of all retreaters/volunteers daily beginning 14 days prior to conference. The best conference sessions start with healthy attendees and this begins at home.

Please indicate if you/your student has any of the following symptoms prior to your retreat and record a temperature daily. If any temperature or symptoms are present, please have the attendee evaluated by a licensed provider and contact us for further guidance.

Symptoms:

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Muscle Pain
- Sore throat
- New loss of taste or smell
- Nausea
- Vomiting
- Diarrhea

Please initial

No one in our household has been sick the 14 days prior to your conference. Initial _____

Note: An attendee with a temp of 100.4 or above will not be able to attend the conference.

Start date of temperature/symptom screening:
January 1st

Day:	14	13	12	11	10	9	8
Temp/symp							
Day:	7	6	5	4	3	2	1 <small>First Day of Conference</small>
Temp/symp							

Our signatures indicate that we completed this health screening daily for 14 days prior to the retreat and to the best of our ability. We understand that arriving to camp healthy is vital to a healthy retreat for all retreaters/volunteers.

Parent Signature (If child under 18): _____ Date: _____

Student/Volunteer Signature: _____ Date: _____