

# WR2021 Health Screening Form

We are thankful that you are partnering with us to prepare a safe and healthy environment at Winter Retreat 2021.  
**THIS FORM MUST BE COMPLETED WEDNESDAY, FEBRUARY 3, 2021, AND IS REQUIRED FOR DEPARTURE.**

**\* Please fill out one form for EACH individual (participant) attending Winter Retreat 2021.**

Participant Name: \_\_\_\_\_

Participant Date of Birth: \_\_\_\_\_

Parent Name: (if under 18) \_\_\_\_\_

Parent Email: (if under 18) \_\_\_\_\_

Parent Cell: (if under 18) \_\_\_\_\_

**SYMPTOMS:** Please check any symptoms participant has had within the last two weeks:

- |  |  |
|--|--|
| <input type="checkbox"/> Fever   | <input type="checkbox"/> Cough / Sore Throat |
| <input type="checkbox"/> Shortness of Breath                                     | <input type="checkbox"/> Body Aches / Chills |
| <input type="checkbox"/> Change in taste or smell                                | <input type="checkbox"/> Change in appetite  |
| <input type="checkbox"/> Participant has been symptom free for the past 14 days. |  |

**PRE-EXISTING CONDITIONS:** Please check any pre-existing conditions that apply to the participant:

(Individuals with pre-existing conditions are at an increased risk of severe illness if Covid-19 is contracted. I understand that the participants pre-existing conditions increases the implied risk of pre-existing conditions.)

- |   |  |
|---|--|
| <input type="checkbox"/> Cardiovascular Disease                                 | <input type="checkbox"/> Respiratory Disease |
| <input type="checkbox"/> Diabetes   | <input type="checkbox"/> Immunocompromised   |
| <input type="checkbox"/> Participant does NOT have any pre-existing conditions. |  |

**EXPOSURE:** Please check any that apply to the participant:

- Participant has been diagnosed with Covid-19.
- Participant has had close contact with someone exposed to or infected with Covid-19 in the last 14 days.
- Participant has a household member currently on a watch list for Covid-19 exposure.
- None of the above.

**PLEASE COMPLETE THE FOLLOWING INFORMATION:**

- I CONSENT TO THE ABOVE DISCLOSURE FOR WINTER RETREAT 2021.

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Name (if under 18)

\_\_\_\_\_  
Parent Signature (if under 18)

\_\_\_\_\_  
Date