

### PRE-RETREAT HEALTH SCREENING

Dear Damascus families,

In an effort to minimize the risk of illness at Damascus and to comply with current state health regulations, we ask that you help our nursing staff in monitoring the health of retreat participants daily in the 14 days prior to your time at Damascus. While this health screening is not required for your participation, the best retreats start with healthy participants and this begins at home. Please bring this completed form to Damascus at the time of registration.

Please indicate if your retreat participant has experienced any of the following symptoms prior to retreat and record a temperature daily. **If a temperature or symptoms are present, please have the individual evaluated by a licensed provider and contact our office for further guidance on your participation on-site** at retreats@damascus.net or by phone at 740-480-1288.

**Symptoms:**

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

Start date of temperature/  
symptom screening:  
\_\_\_\_\_

**Please Initial**

1. My child has not been in close contact with anyone with any of the listed symptoms or who has been diagnosed with COVID19 in the 14 days before the start of retreat.

**Initial:** \_\_\_\_\_

2. No one in our household has been sick in the 14 days before the start of retreat.

**Initial:** \_\_\_\_\_

3. My child has adhered to our state's guidelines regarding COVID19.

**Initial:** \_\_\_\_\_

<b>Day:</b>	<b>14</b>	<b>13</b>	<b>12</b>	<b>11</b>	<b>10</b>	<b>9</b>	<b>8</b>
Temp/ symptoms							
<b>Day:</b>	<b>7</b>	<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
Temp/ symptoms							

*Our signature indicates that we have completed this health screening daily for 14 days prior to retreat to the best of our ability. We understand that arriving to retreat healthy is vital to a healthy retreat for all participants.*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_