

Contact no

HEALTH RISK ASSESSMENT FORM

Customer's Name			
Contact Number			
Body Temperature (in degree Fahrenheit) *	DD/MMM/YY degree		
*Normal body temperature range 97.7 to 99.5 F /	degree		
$36.1\ to\ 37.2\ C.$ Cut off temperature 100 F / $38\ C$			
If body temperature exceeds the allowed range, please ask customer to rest for a while in shade and test again after 15 minutes. If second reading is also not in range, politely requested customer to consult a doctor. Entry to camp is not allowed.			
Check customer's wrist for Quarantine stamping			
I have undergone home quarantine in the last 14 days			
If stamping still seen on wrist. Entry to camp is not allo	wed.		
Are you currently experiencing any of the following sy	ymptoms		
Cough or Difficulty in breathing		Y/N	
Fever and Chill		Y/N	
Headache and Muscle pain		Y/N	
New onset - loss of taste/smell		Y/N	
Eye redness/ conjunctivitis		Y/N	
None of the above		Y/N	
If visible signs of cold and cough, politely requested cus	tomer to consult a doctor. En	try to camp	is not allowed.
Which of the following apply to you?			
I have interacted or lived with someone who has tested positive for COVID-19 (in		Y/N	Do not
the last 15 days)			allow if Yes
I have undergone COVID-19 screening and have been found positive. (in the last		Y/N	Do not
15 days)			allow if Yes
None of the above		Y/N	
I am suffering from eye problem and have myself visite	d outreach program. I have b	een inform	ed about COVID
precautions	, 0		
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Name	Date		

Signature