

Attendee COVID-19 Screening Form

Attendee Name: _____ Date: _____

Event Name: _____ Date: _____

Pre-screen completed no more than 24 hours prior to the gathering. Form required for every participant/attendee for every event.

Dear Girl Scout Family:

To protect our members and keep our communities healthy and safe, participants at all Girl Scout gatherings (troop meetings, activities, trainings, etc.) are required to meet health requirements, wear a mask, wash hands and use social distancing. Please review the statements below and sign form to verify participant meets all health requirements.

1. I have not experienced any of the following symptoms in the last 72 hours:

- Dry Cough
- Shortness of breath or difficulty breathing
- Runny Nose
- Chills
- Muscle pain
- Headache
- Sore throat
- Reduced sense of taste or smell
- Nausea
- Vomiting
- Diarrhea
- Fatigue

2. I have not had a fever over 100 degrees F within the last 48 hours.

3. I have no known exposure to COVID-19 nor been in close contact with anyone that has tested positive in the last 14 days.

4. Have you travelled outside the state in the last 14 days? Yes No (circle one)

- If yes, where did you go? _____

5. Have you been tested for COVID-19? Yes No (circle one)

- If yes, date of test: _____ Result: _____

The below signature(s) indicates that participant meets all health requirements and will adhere to all Girl Scout gathering safety precautions.

Participant/Guardian Signature: _____ Date: _____

Email: _____

Phone: _____

(Guardian signature required if participant is 17 and younger)