



Attendee COVID-19 Screening Form

Pre-screening and Symptoms Check: To keep all participants safe, GSUSA requires prescreening and symptoms checks. Prior to every in-person troop meeting or activity, all participants should be screened. If any participant is feeling sick, they should stay home and not participate in-person.

Process: Collection: All participants must complete the pre-screening and symptoms check. Troop volunteers can print this form and fill it in at the event, or they could be sent in advance to be completed and signed off on the same day as the event/activity if the Girl Scout’s caregiver will not be in attendance to sign. All forms need to be reviewed before the event/activity begins to ensure it is safe for everyone to participate.

Document retention: The troop volunteer should gather all signed copies of the form and save in a secure place with all other health information. They should save these files for a minimum of one year. These files do not need to be sent to or shared with GSCO.

What if a participant answers “Yes” to any of the screening questions?

If a participant answers “yes” to any of the screening questions, for the safety and health of all, they should not participate in the event/activity. When planning the event/activity we encourage volunteers to notify participants in advance that they will need to complete the pre-screening the day of the event prior to participating. If they answer “yes” to any of the questions they will be unable to participate and should not remain at the event.

Attendee’s Full Name: _____ **Date:** _____

Screening Questions

1. Have you or anyone in your household had any of the following COVID-19 symptoms in the last 14 days: sore throat, cough, flu-like symptoms, chills, body aches for unknown reasons, shortness of breath for unknown reasons, loss of smell, loss of taste, fever at or greater than 100.4 degrees Fahrenheit or above your normal temperature?	YES ___ NO ___
2. Have you taken fever reducers in the past 72 hours?	YES ___ NO ___
3. Have you been tested positive for COVID-19 within the past 14 days?	YES ___ NO ___
4. In the last 14 days, have you been in close contact with someone who has a confirmed case of COVID-19, is currently awaiting test results for COVID-19, has a known exposure to COVID-19 or a respiratory illness or is exhibiting symptoms?	YES ___ NO ___
5. I have taken my temperature today and it is ___	

Participant Signature _____

Date _____

Parent/Guardian Signature _____

Date _____