



# Girl Scout Nation's Capital Gathering COVID-19 Health Pre-Screen

Event: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Submit to: \_\_\_\_\_ at \_\_\_\_\_ after \_\_\_\_\_  
(Name) (email or physical location for paper form) (submit between day/time for email or upon arrival for paper form)

*Form required for minors for gatherings and activities with multiple troops and completed within 24 hours prior to the gathering. Organizer will retain this form in case a participant tests positive for COVID and contact tracing is needed. Questions should be directed to [customercare@gscnc.org](mailto:customercare@gscnc.org).*

Participants at all Girl Scout gatherings are required to meet health requirements. Masking is optional and social distancing is recommended. **A COVID-19 vaccination is not required.** Please review and verify the participant meets all requirements.

Participant Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

COVID symptoms include the following:

- |   |                            |                  |
|---|----------------------------|------------------|
| Fever                                       | Muscle pain                | Nasal Congestion |
| Cough                                       | Headache                   | Vomiting         |
| Shortness of breath or difficulty breathing | Sore throat                | Diarrhea         |
| Chills                                      | New loss of taste or smell |                  |
|   | Nausea                     |                  |

Pre-Screen Statements for all Members:

- 1) I have not experienced any of the above COVID symptoms in the last 24 hours.
- 2) I have not tested positive for COVID in the last five days.
- 3) I am not isolating because I am concerned about potentially being sick with COVID.
- 4) I am not waiting on the results of a COVID-19 test. This does not include pre-travel or routine testing.
- 5) If I have been exposed to COVID in the last ten days, I am following CDC safety precautions to the best of my ability.

The below signature indicates that the participant meets all health requirements and will adhere to all Girl Scout gathering safety precautions. Information will be used for contact tracing if necessary.

Participant/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Guardian signature required if participant is 17 and younger)*