



# 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 every participant/attendee for every event. Pre-screen completed no more than 24 hours prior to the gathering. Organizer is to retain this form in case a participant tests positive for COVID and there is a need for contact tracing. Questions about the form and submission should be directed to [customercare@gscnc.org](mailto:customercare@gscnc.org).

Participants at all Girl Scout gatherings are required to meet health requirements, wear a [face covering](#), wash hands and use social distancing. **A COVID-19 vaccination is not required for participation.** Please review the statements below and sign form to verify participant meets all health requirements.

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

COVID symptoms include the following:

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

Pre-Screen Statements for **Fully Vaccinated** Members (or if you had a documented COVID-19 case in last 3 months):

- 1) I am fully vaccinated (defined as two weeks past your final COVID vaccine dose) OR have recovered from a documented COVID-19 infection in the last 3 months.
- 2) I have not experienced any of the above COVID symptoms in the last 24 hours.
- 3) I am not isolating or in quarantine because I have tested positive for COVID or am concerned about potentially being sick with COVID.

Pre-Screen Statements for **Non-vaccinated** Members:

- 1) I have not experienced any of the above COVID symptoms in the last 24 hours.
- 2) I have not had a fever over 100 degrees, without the use of fever reducing medications, within the last 24 hours.
- 3) I have not tested positive for COVID in the last 10 days.
- 4) I have no known exposure to COVID-19 or been in close contact with a COVID positive individual in the last 10 days.
- 5) I am not, nor is anyone in the household waiting on the results of a COVID-19 test. This does not include pre-travel testing.
- 6) Members of my household are not quarantined as an alternative to taking a COVID test after close contact and exposure to a COVID positive individual.
- 7) One of the following applies to me: (a) I have not traveled outside Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia in the past 10 days. OR (b) I did travel in my own vehicle and had limited interaction with people from outside of my household during the trip OR (c) I did travel and completed a 7-day quarantine and took a COVID test 72 hours after return from travel and received a negative test result.

The below signature indicates that participant meets all health requirements and will adhere to all Girl Scout gathering safety precautions. Please note, contact information may be released to local health department in the event of a confirmed COVID infection. Information will be used for contact tracing.

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

(Guardian signature required if participant is 17 and younger)