



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 participant/attendees for non-routine troop activities 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.

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 Members who are **Up-to-date on Vaccinations** or have **recovered from COVID-19** case in last 3 months:

- 1) I have not experienced any of the above COVID symptoms in the last 24 hours.
- 2) I am not isolating because I have tested positive for COVID or am potentially sick with COVID.

Pre-Screen Statements for Members who are **Not Up-to-date on Vaccinations** and **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 5 days.
- 4) I have no known exposure to COVID-19 or been in close contact with a COVID positive individual in the last 5 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.

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)