

# COVID-19 HEALTH PRE-SCREEN FOR GATHERINGS

## EVENT INFORMATION

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

Location \_\_\_\_\_

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

*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 face covering, wash hands and use social distancing. Please review the statements below and sign form to verify participant meets all health requirements.

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

1. I have not experienced any of the following symptoms in the last 14 days.
 

<ul style="list-style-type: none"> <li>• Fever</li> <li>• Cough</li> <li>• Shortness of breath or difficulty breathing</li> <li>• Chills</li> <li>• Muscle pain</li> <li>• Headache</li> </ul>	<ul style="list-style-type: none"> <li>• Sore throat</li> <li>• New loss of taste or smell</li> <li>• Nausea</li> <li>• Vomiting</li> <li>• Diarrhea</li> </ul>
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2. I have not had a fever over 100 degrees, without the use of fever reducing medications, within the last 48 hours.
3. I have no known exposure to COVID-19 or been in close contact with anyone that has tested positive in the last 14 days.
4. I have not traveled outside Arizona in the past 14 days.

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

Participant/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Guardian signature required if participant is 17 and younger)

### FOR EVENT ORGANIZER USE (OPTIONAL)

Group Assignment \_\_\_\_\_  
 Unit Assignment \_\_\_\_\_  
 Transportation \_\_\_\_\_