



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

## Event Information

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)

*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.
  - Fever
  - Sore throat
  - Cough
  - New loss of taste or smell
  - Shortness of breath or difficulty breathing
  - Nausea
  - Chills
  - Vomiting
  - Muscle pain
  - Diarrhea
  - Headache
2. I have not had a fever over 100 degrees, without the use of fever reducing medications, within the last 72 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 the Greater Washington Region in the past 14 days.

The below signature(s) indicates that 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: \_\_\_\_\_