



## Participant Pre-Screening Form for all Meetings, Events and Activities

Attendee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Type of Gathering: Troop Meeting \_\_\_\_\_ Event/Activity \_\_\_\_\_ Name of Event/Activity: \_\_\_\_\_

Is participant's temperature under (>100.4 F)? YES \_\_\_ NO \_\_\_

**Please Note:** If temperature is above 100.4 F, participant is not able to stay at meeting/activity.

1. Have you taken fever reducers in the past 72 hours?	YES ___ NO ___
2. Have you been experiencing shortness of breath or having trouble breathing?	YES ___ NO ___
3. Have you recently lost or had a reduction in your sense of smell or taste?	YES ___ NO ___
4. In the past 72 hours, have you had a dry cough, runny nose, or sore throat?	YES ___ NO ___
5. In the past 72 hours, have you had any other flu-like symptoms, such as gastrointestinal upset, headache, muscle pain or fatigue?	YES ___ NO ___
6. In the past 72 hours, have you had chills or repeated shaking with chills?	YES ___ NO ___
7. Have you been tested for COVID-19? If YES, date tested _____ and what is the result? Positive: ___ Negative: ___ Awaiting result: ___	YES ___ NO ___
8. In the last 14 days, have you been in contact with someone who has a confirmed case COVID-19, under investigation for COVID-19 or a respiratory illness?	YES ___ NO ___
9. In the last 14 days, have you traveled to any foreign country? If YES, where? _____	YES ___ NO ___
10. In the last 14 days, have you traveled to a state outside of FL ? If YES, where? _____	YES ___ NO ___
11. I understand that COVID-19 is an extremely contagious virus that spreads easily in the community. Each troop/family should weigh their participation based on their own, as well as their family members health concerns. As with any social activity, participation in Girl Scouts could present the risk of contracting COVID-19. While Girl Scouts of Citrus takes every safety and preventative precaution, I understand that Girl Scouts of Citrus can in no way warrant or be held responsible that COVID-19 infection will not occur through participation in Girl Scout activities.	YES ___ NO ___  Initial: _____