

COVID-19 Attendee Screening

Instructions

To help prevent contagion at meetings or activities, and to do our best to keep girls educated and healthy, GSUSA has developed a screening questionnaire for your use.

Volunteers and council staff that are planning events should complete the Attendee COVID-19 Screening as part of the registration or check-in for each in-person gathering. If an attendee answers a question that would indicate a likelihood or a known possibility that they could be a carrier of the virus, they should be asked not to attend the gathering.

Prior to in-person activities, all participants should be screened to increase the likelihood that they:

- Have not experienced symptoms that are associated with COVID-19 in the previous 72 hours
- Have not knowingly been in contact with someone that has exhibited symptoms or has been confirmed positive with COVID-19
- Have not been to high risk geographical regions, particularly those regions that require a 14-day quarantine period.

Please be sensitive to the fact that girls may be experiencing symptoms that are similar but completely unrelated to COVID-19 and not contagious at all. An example might be allergies or another pre-existing condition. When in doubt, the participant should consult their health provider.

There are three ways to use the screening questions. Information should be provided on the day of the activity, not in advance. Use the method that works best for your group.

1. Provide the form to the girls' families and ask that they complete it on the day of the activity, and bring it with them. Review on arrival.
2. Provide the form to each participant on arrival. Collect and review before participation.
3. Ask the questions verbally, and record the answers on the COVID-19 Screening Log.

Health information should never be shared with anyone who does not have a need to know. Keep information private. Retain completed forms for one year. For additional information about COVID-19 and Girl Scouts, see sdgirlscouts.org/stayingconnected, especially the [Return to Troop Guidance](#) document.

Contact training@sdgirlscouts.org if you have questions.



COVID-19 Attendee Screening Questions

Attendee Name: _____ Date: _____

Questions to be asked on the day of the activity:

1. Do you have a fever or above-normal temperature (>100F)?	YES ___ NO ___
2. Have you taken fever reducers in the past 72 hours?	YES ___ NO ___
3. Have you been experiencing shortness of breath or having trouble breathing? YES ___ NO ___	
4. In the past 72 hours, have you had a dry cough?	YES ___ NO ___
5. In the past 72 hours, have you had a runny nose?	YES ___ NO ___
6. In the past 72 hours, have you had a sore throat?	YES ___ NO ___
7. Have you recently lost or had a reduction in your sense of smell or taste?	YES ___ NO ___
8. In the past 72 hours, have you had any other flu-like symptoms, such as gastrointestinal upset, headache, muscle pain or fatigue?	YES ___ NO ___
9. In the past 72 hours, have you had chills or repeated shaking with chills?	YES ___ NO ___
10. Have you been tested for COVID-19? If YES, date tested _____ & what is the result? ___ Positive ___ Negative ___ Awaiting result	YES ___ NO ___
11. In the last 14 days, have you been in contact with someone who has a confirmed case COVID-19, is under investigation for COVID-19, or a respiratory illness?	YES ___ NO ___
12. In the last 14 days, have you traveled to any foreign country? If YES, where? _____	YES ___ NO ___
13. In the last 14 days, have you traveled to a state outside of California? If YES, where? _____	YES ___ NO ___

