

COVID-19 Attendee Screening

Instructions

Follow these steps to help prevent contagion at meetings or activities. The screening questions must be asked each time Girl Scout members or guests participate in an in-person activity, regardless of vaccine status.

Use the Screening Questions:

Ask the screening questions on the day of the activity, not in advance. Use one of these three methods (whichever works best for your group):

- **Family Screening.** Provide the COVID-19 Attendee Screening Form to guardians in advance. Have guardians ask girls/participants the questions on the form on the day of the activity and request that they keep girls/participants home if any answers are "yes." Collecting the form from guardians is optional and up to leaders.
- **Hand out Screening Form.** Provide the Screening Form to each participant on arrival. Collect and review before participation.
- **Verbal Screening.** Ask the questions on the COVID-19 Attendee Screening Form verbally and record the answers on the COVID-19 Attendee Screening Log.

General Event and Meeting Guidance:

Prior to all in-person activities, screen all participants to determine if:

- They have COVID-19 symptoms.
- They have been advised by a health or school official to quarantine (check the [CDC guidelines on quarantine and isolation](#) if unsure).
- They have been in close contact with someone likely to have COVID-19. If so, they may attend if:
 - They are up-to-date on vaccinations or have had COVID-19 within the past 90 days
 - They do not have symptoms
 - No attendees are at high risk

Those who have been exposed should take precautions like testing, watching for symptoms, and wearing a mask until 10 days after exposure.

Health information should never be shared with anyone who does not have a need to know. Keep information private. Retain completed forms or logs for at least one month. For additional information about COVID-19 and Girl Scouts, see sdgirlscouts.org/COVID.

Contact training@sdgirlscouts.org if you have questions.

COVID-19 Attendee Screening Form

Attendee Name: _____ Date: _____

Activity Type or Event Name _____

Have you experienced any of the following symptoms in the past 48 hours (not attributed to another condition):	Circle the answer	
Fever or chills?	Yes	No
Cough or sore throat?	Yes	No
Shortness of breath?	Yes	No
Headache?	Yes	No
Loss of taste or smell?	Yes	No
Fatigue or muscle pain?	Yes	No
Nausea, vomiting, diarrhea?	Yes	No
In the last 5 days, if you have:	Circle the answer	
Been in close contact with someone diagnosed with COVID-19, review the <u>CDC guidelines</u> for quarantine. Does the guidance say you should quarantine?* If so, select "yes."	Yes	No
Been advised by a health care provider, public health official, or school, to quarantine or isolate, select "yes." Check <u>CDC guidelines</u> if unsure.	Yes	No

Each participant must have her/his own form.

***The need to quarantine is dependent on several factors.** If you are up to date on vaccinations or have had COVID within the past 90 days, and do not have symptoms, you do not need to quarantine. But, you should take precautions like testing, watching for symptoms, and wearing a mask until 10 days after exposure. **Read the CDC guidelines and ask the troop or event leader** if you should stay home to protect someone at high risk.

Close contact is being within 6 feet of someone for a total of 15 minutes during a 24-hour period. This applies whether or not you were masked, indoors or outdoors.



COVID-19 Attendee Screening Log

Activity Name or Type: _____
 Person Conducting Screening _____

Activity Location: _____
 Date and Time: _____

See the COVID-19 Attendee Screening Form for complete questions.

Participant Name	Q1 Fever or chills?	Q2 Cough or sore throat?	Q3 Shortness of breath?	Q4 Headache?	Q5 Loss of taste or smell?	Q6 Fatigue or muscle pain?	Q7 Nausea, vomiting, or diarrhea?	Q8 Close contact with COVID- positive person in last 5 days?* (6 ft for 15 min)	Q9 Advised to quarantine or isolate?
	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO

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