# In-Person Activity:
# COVID-19 Pre-Screening Form

girl scouts of northeast texas

Attendee Name: _____ Date: _____

If you answer yes to any question, please do not attend the in-person Girl Scout activity.

| | |
|---|---|
| • **Symptoms:** In the past 72 hours, have you experienced any of the following symptoms: | |
| • Fever or temperature greater than 100F? | Yes ___ No ___ |
| • Shortness of breath or difficulty breathing? | Yes ___ No ___ |
| • Reduction in or loss of smell or taste? | Yes ___ No ___ |
| • Chills or repeated shaking with chills? | Yes ___ No ___ |
| • Dry cough? | Yes ___ No ___ |
| • Sore throat? | Yes ___ No ___ |
| • Any other flu-like symptoms, such as upset stomach, headache, muscle pain or fatigue? | Yes ___ No ___ |
| • **Testing**: Are you awaiting COVID-19 test results or have you tested positive for COVID-19 within the past 5 days?<br><br>Note: Please review the latest CDC guidance regarding mask wearing and a positive test within the past 5- 15 days. | Yes ___ No ___ |
| • **Close Contact:** Have you been in close contact with someone confirmed to have COVID-19 within the past 5 days?<br><br>If you have had COVID-19 within the past 3 months or are fully vaccinated and boosted, you may still answer No to this question even if you have been in close contact.<br><br>Note: Please review the latest CDC guidance regarding mask wearing and close contact within the past 5- 15 days. | Yes ___ No ___ |