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.

1. 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 ___
2. Testing: Are you awaiting COVID-19 test results or have you tested positive for COVID-19 within the past 10 days?	Yes ___ No ___
3. Close Contact: Have you been in close contact with someone confirmed to have COVID-19 within the past 14 days? (If you have had COVID-19 within the past 3 months or are fully vaccinated and are not exhibiting any symptoms, you may still answer No to this question even if you have been in close contact.)	Yes ___ No ___