



COVID-19 Screening Questions Checklist for In-Person Girl Scout Activity

Purpose:

Verbal screening questions must be asked before any member is admitted to an in-person activity. Members who answer “yes” to any one question on the screening checklist should not be admitted to the meeting. Results of the pre-screening outcomes are not public information and should never be written down or recorded.

Screening Questions:

- ✓ Have you (for participating volunteers or parents)/has your child (for caregiver/guardians of participating children):
 - a. had a fever of 100.4°F or greater within the last 72 hours?
 - b. had any one or combination of other symptoms of COVID-19 within the last 72 hours? Possible symptoms include fever or chills, shortness of breath or difficulty breathing, new loss of taste or smell, nausea or vomiting, diarrhea.
- ✓ During the previous 14 days, have you (for participating volunteers or parents)/has your child (for caregiver/guardians of participating children):
 - a. been advised to self-isolate or quarantine by a doctor, school or health authority?
 - b. been in contact with a person who has exhibited any symptoms of COVID-19? Possible symptoms include fever or chills, shortness of breath or difficulty breathing, new loss of taste or smell, nausea or vomiting, diarrhea.
 - c. been in contact with a person who has tested positive for COVID-19 in the previous 14 days?