**MUST BE COMPLETED PRIOR TO ENTRY**

To reduce the spread of COVID-19 during Girl Scout activities, we must restrict access to anyone who may have been recently been exposed to the virus, has symptoms of the virus or refuses to cooperate in our attempt to minimize the risk to others. Complete questionnaire prior to every instance of participation in Girl Scout activities. (Please complete one questionnaire per participant.) If participant has had any of the symptoms below in the last 48 hours, or if participant is required to isolate or quarantine, or if the participant is awaiting test results, **DO NOT** physically return to Girl Scout activities until symptoms have subsided and participant has been deemed safe to be around others as indicated by current [CDC](https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html) and [VDH](https://www.vdh.virginia.gov/coronavirus/local-exposure/) guidelines. (See [VDH resource](https://www.vdh.virginia.gov/content/uploads/sites/182/2020/04/Home-IsolationQuarantine-Release-Graphic_FINAL.pdf).) If participant has a chronic medical condition that causes COVID-19-like symptoms, please obtain medical documentation from your primary care physician and then call Council at 540-777-5100 to determine whether participant can resume participation. Fully vaccinated individuals should not participate if they are currently experiencing any of the symptoms below.

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| --- | --- | --- | --- | --- |
| **Participant Name:** |  | | **Age:** |  |
| **Name of Parent/Guardian (if 18 or under):** |  | | | |
| **Troop Number or indicate Juliette (IRM):** |  | **Today’s Date** |  | |
| **Participant temperature upon arrival:** |  | | | |

**Section 1: COVID-19 Vaccination**

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| Indicate YES or NO, if the participant has been participant been fully vaccinated for COVID-19? To be considered fully vaccinated, you must be ≥2 weeks following receipt of the second dose in a 2-doseseries or ≥2 weeks following receipt of one dose of a single-dose vaccine. If yes, date of final dose/booster COVID-19 vaccine: | **YES** | **NO** |

**ALL PARTICIPANTS MUST COMPLETE SYMPTOM SCREENING, REGARDLESS OF VACCINATION STATUS.**

**Section 2: GSVSC COVID-19 Symptom Screening:**

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| Indicate YES or NO, if the participant or someone in their family/household is currently experiencing or has been exposed to someone that has had any of the following symptoms during the past 72 hours to 14 days: | **YES** | **NO** |
| 1. Does participant currently have a fever (100.4°F or higher) or above-normal temperature? |  |  |
| 1. Has participant taken any fever-reducing medications in the past 72 hours? |  |  |
| 1. Has participant been experiencing shortness of breath or having trouble breathing? |  |  |
| 1. In the past 72 hours, has participant had a dry cough? |  |  |
| 1. In the past 72 hours, has the participant had a runny nose? |  |  |
| 1. Has the participant recently lost or had a reduction in sense of smell or taste? |  |  |
| 1. In the past 72 hours, has participant had any flu-like symptoms, such as gastrointestinal upset? |  |  |
| 1. In the past 72 hours, has participant had a headaches or bout of headaches not attributed to another health condition? |  |  |
| 1. In the past 72 hours, has participant had any muscle pain or fatigue not attributed to another health condition or a specific activity (such as physical exercise)? |  |  |
| 1. In the past 72 hours, has participant had any chills or repeated shaking chills? |  |  |
| 1. In the last 14 days, has the participant or someone in their family/household traveled to any foreign country? |  |  |
| 1. In the last 14 days, has the participant traveled to a state outside of Virginia? |  |  |
| 1. In the last 14 days, has the participant or someone in his or her family/ household been in close contact with someone who has a confirmed case of COVID-19, under investigation for COVID-19 or a respiratory illness? **If yes, date of exposure:** |  |  |
| 1. In the past 10 days, has the participant or someone in their family/household been tested or awaiting test results because they are experiencing COVID-19 symptoms or due to a known exposure?   **If yes, provide date tested       and results:  Positive  Negative or  Awaiting Results** |  |  |
| 1. In the past 10 days, has the participant or someone in their family/household been directed or chosen to isolate or quarantine because they are experiencing COVID-19 symptoms or due to a known exposure**? If yes, start date of isolation/quarantine:** |  |  |

**I certify that all responses are true and accurate.** **I understand if ANY of the symptoms or statements apply to the named participant, or if participant is required to quarantine/isolate, or if the participant is awaiting test results, he/she may NOT enter and NOT allowed to participate in Girl Scout activities until all symptoms have resolved and has been deemed safe to be around others as outlined by** [**CDC**](https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html) **and** [**VDH**](https://www.vdh.virginia.gov/coronavirus/local-exposure/) **guidelines. Please email** [**info@gsvsc.org**](mailto:info@gsvsc.org) **or call 540-777-5100 for assistance.**

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| **Signature of Adult Participant or Parent/Guardian (if participant 18 or younger):** |  |