



COVID-19 Symptom Check Form

For day-only activities: Participants complete and bring this form to each in-person meeting or activity.

For overnight activities: Participants complete and bring this form to each in-person meeting or activity, and in addition, a temperature check needs to be conducted at check in. The activity leader (troop leader, service unit volunteer, or council staff) will take the temperature and write it on this form. Anyone with a temperature above 100.4°F will not be allowed to stay.

Attendee Name: _____ Activity: _____ Date: _____

Please answer the following questions:

- Do you have a fever or above-normal temperature (above 100.4°F)? Yes No
- Have you taken fever reducers in the past 72 hours? Yes No
- Have you been experiencing shortness of breath or trouble breathing*? Yes No
- In the past 72 hours, have you had a dry cough*? Yes No
- In the past 72 hours, have you had a runny nose*? Yes No
- In the past 72 hours, have you had a sore throat*? Yes No
- Have you recently lost or had a reduction in your sense of taste and/or smell? Yes No
- In the past 72 hours, have you had any other flu-like symptoms such as gastrointestinal upset, headache, muscle pain, or fatigue? Yes No
- In the past 72 hours, have you had chills or repeated shaking with chills? Yes No
- In the last 5 days, have you been in close contact with someone who has a confirmed case of COVID-19, or is under investigation for COVID-19 or a respiratory illness? Yes No
- In the last 5 days, have you been diagnosed with COVID-19? Yes No

*Indicate 'no' if they can be attributed to a non-COVID issue such as allergies, asthma, etc.

I acknowledge and agree that if I answered “Yes” to any of the above questions I will not attend troop meetings, programs, or events with Girl Scouts of Utah.

If a girl or adult has attended a Girl Scout event and has since then tested positive for COVID-19, please send an incident report to cbirdsallchambers@gsutah.org

This form should be kept by the activity leader (troop leader, service unit volunteer, or council staff) with other event forms for one year and should then be shredded.

Parent/Guardian Name (print): _____

Signature: _____

Date: _____