



COVID-19 Symptom Check

A note to Troop Leaders: This form was created as a recommendation to monitor the symptoms of your participants. If you choose to use it, we suggest that participants complete and bring this form to each in-person meeting or activity. Keep this form with your troop files.

Attendee Name: _____ Program: _____ 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 14 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 14 days, have you traveled outside the state of Utah? Yes No
- In the last 14 days, have you been diagnosed with COVID-19? Yes No
- Have you been tested for COVID-19? Yes No

If YES, date tested _____ Result? ___ Positive ___ Negative ___ Awaiting result

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 answered “Yes” to any of the above questions. Please contact Ruth Strawser at (801) 716-5157 immediately.

Parent/Guardian Name (print): _____

Signature: _____

Date: _____