



**COVID-19
Member Participation COVID-
Related Health Check**

Troop leaders may use this form to collect the information below as an added safety precaution for participation in in-person troop meetings and activities. Collect a health check form for each adult and child participant before every in-person activity.

Please answer the following questions related to your Girl Scout:

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|--|-----------|
| Does anyone in the household have a fever or above normal temperature? | Yes or No |
| Has participant experienced any shortness of breath or trouble breathing? | Yes or No |
| Does participant have a dry cough or runny nose? | Yes or No |
| Has the participant been in contact with someone who has tested positive for COVID-19? | Yes or No |
| Has the participant tested positive for COVID-19? | Yes or No |
| Has the participant traveled outside the United States in the past 14 days? | Yes or No |
| Has the participant traveled to a location with high COVID-19 infection rates in the past 14 days? | Yes or No |

In the event of a positive COVID-19 test result, I will notify GSMW so a staff member can follow-up with others who may have been exposed. I understand the health information of our members is confidential.

I fully understand and acknowledge the above information, and by signing this document, I acknowledge that the answers I have provided above are true and accurate.

Child or Adult Participant Name (print): _____

Signature of Child's Caregiver: _____ Date: _____

OR

Signature of Adult Participant: _____ Date: _____