Have you tested positive for COVID-19 in the past 5 days?  
☐ Y ☐ N

Have you had any one or combination of other symptoms of COVID-19 within the last 72 hours? Possible symptoms include fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle aches or pain, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea.  
☐ Y ☐ N

During the previous 5 days, have you been advised to self-isolate or quarantine by a doctor or health authority or based on CDC guidelines?  
☐ Y ☐ N

During the previous 5 days, have you been in contact with a person who has, or has a member of your household tested positive for COVID-19 in the last 10 days?  
☐ Y ☐ N

For Adventure Park participants only: During the previous 10 days, have you been in contact with a person who has tested positive for COVID-19 in the previous 10 days? If yes, you may not participate in Adventure Park activities until the 11th day after exposure, but you may participate in other Girl Scout activities if all other answers on this screening log are “no”.  
☐ Y ☐ N

*If the answer is “yes” to any of these questions, the participant should not be allowed to attend any in-person Girl Scout gathering.

For overnight activities only, please fill this out on the day of activity. Troop leaders, for overnight activities only, transfer each girl's information to GSSJC Participant Screening Log.