



GIRL SCOUT READY SIGN-IN SHEET

Are you/your Girl Scout **Girl Scout Ready**? You/your Girl Scout are **Girl Scout Ready** if:

- You/your Girl Scout have a Mask (spare is encouraged!) and sanitizer (optional, but encouraged!)
- You/your Girl Scout understand what 6 feet of social distance looks like.
- You/your Girl Scout have your emergency contact information on hand.

You/your Girl Scout are **Girl Scout Ready** if you/your Girl Scout can answer **no** to all the following questions:

In the last 72 hours, have you/your Girl Scout experienced any of the following new symptoms that cannot be attributed to another health condition or specific activity such as physical exercise?

- | | | | |
|-----------|-------------|----------------------|-------------------------|
| Fever | Fatigue | Nausea or vomiting | Shortness of breath |
| New cough | Sore throat | Difficulty breathing | Muscle or body aches |
| Diarrhea | Runny nose | Congestion | New loss of taste/smell |

- Have you/your Girl Scout had contact with any confirmed Covid-19 positive patients in the last 14 days?
- Have you/your Girl Scout had a public health or medical professional tell you to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection?
- Has your family traveled outside the state or country in the past 14 days?



If you answered **yes** to any of the above health check questions, please stay home and follow up with a medical provider.

You/your Girl Scout are **Girl Scout Ready** if you/your Girl Scout agree to:

In the event of a positive COVID-19 test result, I will notify Girl Scouts of Western Washington so that a staff member can follow-up with others who may have been exposed.

- GSWW Phone: 800-541-9852 9:00am-5:00pm
- GSWW Email: customercare@girlscoutsww.org
- After Hours COVID-19 Exposure: 800-303-9963

First Name	Last Name	Emergency Contact #	Are you Girl Scout Ready ?	Signature	Date
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Event: _____ Date: _____ Lead Facilitator: _____

GIRL SCOUT READY EVENT SIGN-IN SHEET

Are you/your Girl Scout Girl Scout Ready? You/your Girl Scout are Girl Scout Ready if:

You have a Mask (spare is encouraged!) and sanitizer (optional) You have your emergency contact information on hand.

You/your Girl Scout are Girl Scout Ready if you Girl Scout can answer no to all four of the following questions:

- | | |
|--|--|
| <p>1. In the last 72 hours, have you experienced any of the following new symptoms that cannot be attributed to another health condition or specific activity such as physical exercise? Fever</p> <p>Fatigue Nausea or vomiting Muscle or body aches</p> <p>Diarrhea New cough Sore throat New loss of taste or smell</p> <p>Congestion Runny nose Shortness of breath Difficulty breathing</p> | <p>2. Have you had contact with any confirmed Covid-19 positive patients in the last 14 days?</p> <p>3. Have you had a public health or medical professional tell you to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection?</p> <p>4. Has your family traveled outside the state or country in the past 14 days?</p> |
|--|--|



If you answered **yes** to any of the above health check questions, please stay home and follow up with a medical provider.

You/your Girl Scout are Girl Scout Ready if you/your Girl Scout agree to:

In the event of a positive COVID-19 test result, I will notify Girl Scouts of Western Washington so that a staff member can follow-up with others who may have been exposed.

GSWW Phone: 800-541-9852 9:00am-5:00pm GSWW Email: customercare@girlscoutsww.org After Hours COVID-19 Exposure: 800-303-9963

First Name	Last Name	Emergency Contact #	Are you Girl Scout Ready?	Signature	Date
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Event: _____ Date(s): _____ Lead Employee: _____



GIRL SCOUT READY SELF-SCREENING TOOL

Are you **Girl Scout Ready**? You are **Girl Scout Ready** if:

You have a Mask (spare is encouraged!) and sanitizer (optional, but encouraged!)

You understand what 6 feet of social distance looks like.

You have your emergency contact information on hand.

You are **Girl Scout Ready** if you can answer **no** to all the following questions:

1. In the last 72 hours, have you/your Girl Scout experienced any of the following new symptoms that cannot be attributed to another health condition or specific activity such as physical exercise?

Fever

Fatigue

Nausea or vomiting

Diarrhea

Runny nose Shortness of breath

New cough Sore throat Difficulty breathing

Congestion New loss taste/smell

Muscle or body aches

2. have you had contact with any confirmed Covid-19 positive patients in the last 14 days?
3. Have you had a public health or medical professional tell you to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection?
4. Has your family traveled outside the state or country in the past 14 days?



If you answered **yes** to any of the above health check questions, please stay home and follow up with a medical provider.

You are **Girl Scout Ready** if you agree to:

In the event of a positive COVID-19 test result, I will notify Girl Scouts of Western Washington so that a staff member can follow-up with others who may have been exposed.

- GSWW Phone: 800-541-9852 9:00am-5:00pm
- GSWW Email: customercare@girlscoutsww.org
- After Hours COVID-19 Exposure: 800-303-9963