

Sample Attendee	COVID-19	Screening Form
-----------------	----------	----------------

Attendee Name:	Location/event:	Date:	
Screening Questions			
1. Do you have a fever or above-normal tempe	rature (>100F)?	YES NO _	
2. Have you taken fever reducers in the past 72	2 hours?	YES NO _	
3. Have you been experiencing shortness of b	eath or having trouble breathing	? YES NO _	
4. In the past 72 hours, have you had a dry cou	igh?	YES NO _	
5. In the past 72 hours, have you had a runny i	nose?	YES NO _	
6. In the past 72 hours, have you had a sore th	roat?	YES NO _	
7. Have you recently lost or had a reduction in	your sense of smell or taste?	YES NO _	
8. In the past 72 hours, have you had any othe gastrointestinal upset, headache, muscle pa	· · ·	YES NO _	
9. In the past 72 hours, have you had chills or	repeated shaking with chills?	YES NO _	
10. Have you been tested for COVID-19? If YES, date tested & w Positive Negative A		YES NO _	
11. In the last 5 days, have you been in contact confirmed case COVID-19, under investigati or a respiratory illness?		YES NO _	
12. In the last 14 days, have you traveled to any If YES, where?		YES NO _	
13. In the last 5 days, have you traveled to a star If YES, where?	e outside of your island? YES	NO	

Reporting and communicating a positive COVID 19 test should be managed by a council staff member. Volunteers do not manage COVID-19 communication responsibilities.

COVID-19 incident response lead. Girl Scouts of Hawai'i has designated Kim Morris, COO as the COVID-19 incident response lead. Volunteers are directed to contact <u>Molly Schmidt</u> (808-675-5512) in the event of a COVID-19 positive test result. All health information is private/confidential to be shared only on a need to know basis. There are laws and regulations governing sharing of health data.

Council staff, NOT volunteers, will notify parents and others about a positive test result and that the tester's identity is confidential.