

GSCTX COVID-19 Pre-Screening Questions

1. Have you (for participating volunteers or parents)/has your child (for caregiver/guardians of participating children) felt feverish or had a measured temperature of 100.0°F or greater within the last 72 hours?
2. Have you (for participating volunteers or parents)/has your child (for caregiver/guardians of participating children) had any one or combination of other symptoms of COVID-19 within the last 72 hours? Possible symptoms include fever or chills, repeated shaking with chills, headache, cough, shortness of breath or difficulty breathing, fatigue, muscle aches or pain, loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea.
3. During the previous 14 days, have you (for participating volunteers or parents)/has your child (for caregiver/guardians of participating children) been advised to self-isolate or quarantine by a doctor or health authority? If you/your child has been cleared from self-isolation/quarantine by a doctor or health authority, you may answer “No” to this question.
4. During the previous 14 days, have you (for participating volunteers or parents)/has your child (for caregiver/guardians of participating children) been in contact with a person who has exhibited any symptoms of COVID-19? Possible symptoms include fever or chills, repeated shaking with chills, headache, cough, shortness of breath or difficulty breathing, fatigue, muscle aches or pain, loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea.
5. During the previous 14 days, have you (for participating volunteers or parents)/has your child (for caregiver/guardians of participating children) been in contact with a person who has tested positive for COVID-19?
 - a. If you/your child have had COVID-19 within the past 3 months or are fully vaccinated and are not exhibiting any symptoms, you may still answer “No” to this question even if you have been in close contact.
 - b. If you/your child took a PCR test at least 5 days after the most recent exposure, within 72 hours prior to the event, and with a negative result, you may still answer “No” to this question even if you have been in close contact.

**** If the answer is “yes” to any of the above questions (#1-5), the participant should not be allowed to attend any meeting or activity.***

For volunteers only:

6. Have you read and understood the required hygiene and cleaning guidelines?

GSCTX Participant COVID-19 Pre-Screening Log

Meeting Location: _____

Date and Time: _____

Participant Name	Parent/Guardian Name (if applicable)	Q #1	Q #2	Q #3	Q #4	Q #5	Q #6
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Event Volunteer/Lead: _____