

Use this form to notify GSHNJ if someone connected to your troop or service unit is diagnosed with COVID-19, and has potentially exposed others during a Girl Scout event or activity. To maintain the affected person's privacy, do not share health information with others; council staff will notify those potentially exposed in a manner consistent with healthcare privacy laws. Submit this completed form to Michael Forrestall, Chief Operating Officer, at mforrestall@gshnj.org.

Tell us about the person who was diagnosed with COVID-19.

Name		Registered Member?		Yes	No
Parent/Guardian's Name					
Email			Phone		
Address		City		State	Zip
Date of COVID-19 Test			Date of Positive Diagnosis		

Tell us about the gathering where they may have exposed others.

Name of Event			Date of Event			
Name of Event Venue			Were Venue Staff Present?		Yes	No
Venue Contact		Phone		Email		
Venue Address		City		State	Zip	

List all event attendees. Attach additional pages as necessary.

First Name	Last Name	Girl	Adult	Role at Event (participant, chaperone, driver, coordinator, etc.)

Tell us about yourself.

Name		Registered Member?		Yes	No
Email			Phone		
Address		City	State	Zip	

Is there anything else to add?

Signature

Date Submitted