

## **Covid-19 Incident Report**

Use this form to notify Girl Scouts of Northern New Jersey if someone connected to your Troop or Service Unit is diagnosed with Covid-19 and has potentially exposed others during an in-person Girl Scout meeting 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: Jessica Hoffman, Chief Operating Officer at jhoffman@gsnnj.org

Tell us about the person who was diagnosed with Covid-19:

Name	Registered Member? OYes ONo
Parent/Guardian Name	
Email	Cell
City/State Zip	
Date of Covid-19 test	Date of Positive Diagnosis
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Tell us about the gathering where they may have exposed others:

Name of Event		Date of Event		
Name of Venue		Were Venue Staff Present?		
Venue Contact	Phone		Email	
Venue City/State/Zip	•			

List all event attendees. Attach additional page if necessary:

First Name	Last Name	Girl	Adult	Role at event i.e. leader/participant/chaperone

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Tell us about yourself	:				
Name			Re	gistered Member? O Yes O No	
Email			Pho	one	
City/State/Zip					
Please tell us all the s	safety protocols that wer	e in plac	e:		
Signature:			[	Date Submitted:	