



Name: _____ Area: _____ Date: _____
Role (athlete/coach/partner/volunteer/other): _____ Coach's Name: _____

COVID-19 Screening Questions

NOTE: These questions can be sent to participants and answered up to 3 days prior to the training event or on-site at the time of the training.

1. In the last 14 days, have you had contact with someone who has been sick with COVID-19?

- Yes
- No

2. In the last 14 days have you:

- Had a fever (temperature of 100°F or higher) or chills in the last week?
- Had a cough and/or difficulty breathing?
- Had any other signs or symptoms of COVID-19 (fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea)?

- Yes
- No

• Have you tested positive for COVID-19 in the last 14 days?

- Yes
- No

If yes, do you have your medical clearance form?

- Yes
- No

Signature: _____

SEE BACK FOR REMINDERS



REMINDERS:

- If yes to any questions, participants MUST:
 - Be isolated from the group (at minimum, kept 6ft apart from others and with mask on), be sent home, and instructed to contact their healthcare provider for evaluation.

- Participants who are found to have COVID-19 symptoms MUST:
 - Wait 14 days after symptoms resolve to return to activity

 - OR

 - Provide written proof of physician clearance to Special Olympics to return earlier.