



Name: \_\_\_\_\_ Area: \_\_\_\_\_

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.

- In the last 14 days, have you had contact with someone who has been sick with COVID-19?
  - Yes
  - No
- Have you had a fever in the last week (temperature of 100.4°F/37.8°C or higher)?
  - Yes
  - No
- Do you have a cough and/or difficulty breathing?
  - Yes
  - No
- Do you have 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 ever tested positive for COVID-19?
  - Yes
  - No

#### REMINDERS:

- If yes to any questions, participants MUST:
  - Be isolated from the group (at minimum, kept 2m/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 10 days after symptoms resolve to return to activity OR
  - Provide written proof of physician clearance to Special Olympics to return earlier.
- Participants who test positive for/have COVID-19 MUST:
  - Provide written medical clearance before returning to sport and fitness activities.