COVID-19 Screening Form

Last Updated: June 24, 2020



Onsite Screening Protocol for COVID-19

Regular education must be provided to all athletes, staff, volunteers, coaches, families and caregivers reminding them stay home if they have a fever or any signs and symptoms (cough, shortness of breath, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea). Individuals must not participate in any activities if they are sick, for their own health and to reduce transmission of any infections to others. Instruct anyone who is ill to contact their own health provider for further evaluation.

However, in addition to this education, before or prior to entering an activity, practice, event, or gathering (in phases 1-3), for all participants must undergo the following screening protocol:

- 1. Create a Check-In Station adhering to physical distancing guidelines.
 - a. The screener will be responsible for self-monitoring before practice/activity.
 - b. The screener should wash their hands with soap and water for at least 20 seconds or use hand sanitizer with at least 60% alcohol. The screener must also wear a facemask.
 - c. Only one participant should check-in at the station at a time. Should a line form at the check-in station, those waiting should ensure they practice safe physical distancing of 6ft.
- 2. Ask each participant the following questions (reinforced through visuals and verbally, such as a paper with icons):
 - a. In the last 14 days, have you had contact with someone who has been sick with COVID-19?
 - b. Have you had a fever in the last week (temperature of 100.4°F or higher)?
 - c. Do you have a cough and/or difficulty breathing?
 - d. 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)?
- 3. Should conduct onsite measurement of temperature using thermometer (preferred non-touch thermal scanning thermometer if possible).
 - Fever equals temperature of 100.4°F or higher.
 - If high, may re-test after 5 minutes to ensure temperature is accurate.
- 4. Record all names, results and contact information and keep in case needed for contact tracing or reporting.
 - a. 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.
 - b. Participants who are found to have COVID-19 symptoms must wait 7 days after symptoms resolve to return to activity OR must provide written proof of physician clearance to Special Olympics to return earlier.
 - c. Participants who test positive for/have COVID-19 must provide written medical clearance before returning to sport and fitness activities.

Onsite COVID-19 Screening Form

Agency Number:	
Agency Name:	
Date of Practice/Event:	

First Name	Last Name	Participant Type (Athlete, Unified Partner, Coach, Volunteer, Staff)	Contact Information	COVID-19 Waiver Signed? (Yes/No)	Screened? (Yes/No)	Sign or Symptoms of COVID- 19? (Yes/No)