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**COVID-19 Screening Form**

Last Updated: August 25, 2021

**Onsite Screening Protocol for COVID-19 for Moderate Risk (yellow) and Significant Risk (orange)**

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 his or her own health provider for further evaluation.

However, in addition to this education, before or prior to entering an activity, practice, event, or gathering, in Moderate Risk (yellow) or Significant Risk (orange) protocols, **all participants must undergo the following screening protocol**:

1. Create a Check-In Station adhering to physical distancing guidelines.
	1. The screener will be responsible for self-monitoring before practice/activity.
	2. 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.
	3. 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):
	1. In the last 10 days, have you had contact with someone who has been sick with COVID-19?
		1. If yes, quarantine per local regulations:
			1. You do not need to quarantine if:
				1. You are up to date on recommended COVID-19 vaccines
				2. You tested positive for COVID-19 in the last 90 days
			2. You should quarantine if:
				1. You are not fully vaccinated
				2. You tested positive for COVID-19 more than 90 days ago
	2. Have you had a fever in the last week (temperature of 100.4°F or higher)?
	3. Do you have a cough and/or difficulty breathing?
	4. 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. Record all names, results and contact information and keep in case needed for contact tracing or reporting (*Template available in supplemental materials*).
	1. 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.
	2. Participants who are found to have COVID-19 symptoms must wait 10 days after symptoms resolve to return to activity OR must provide written proof of physician clearance to Special Olympics Wisconsin to return earlier.
	3. Participants who have tested positive and/or been diagnosed with COVID-19 must wait 10 days after symptom onset (or 10 days from test if asymptomatic) before returning to activity. If participants have tested positive and/or been diagnosed with COVID-19, it is recommended that they consult with a healthcare professional for medical clearance before returning to Special Olympics to sport or fitness activities.

**Event COVID-19 Screening Form**

**Local Program Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Local Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Practice/Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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