

# COVID-19 HEALTH SCREENING QUESTIONS

Prior to participation in any Special Olympics activity, each participant (athlete, coach, unified partner and volunteers) should answer these questions. This document can be sent to each participant the day-of-the activity and asked to review and answer questions. Another option is to have a designated team coach ask these questions of each participant on site and before participant enters the training or competition area. Any individual that answers yes to any of the questions below, should stay home, or leave the facility and return home. Individual should not attend any activity until it is determined individual is negative for COVID-19.

1. Do you have a fever (temperature over 100.4° F) without having taken any fever reducing medications?

YES  NO

2. New loss of smell or taste?

YES  NO

3. Muscle Aches?

YES  NO

4. Sore throat unrelated to seasonal allergies?

YES  NO

5. Cough unrelated to seasonal allergies?

YES  NO

6. Shortness of Breath?

YES  NO

7. Chills?

YES  NO

8. Headache?

YES  NO

9. Have you experienced any gastrointestinal symptoms such as nausea/vomiting, diarrhea, loss of appetite?

YES  NO

10. In the last 14 days, have you been in close contact with anyone who has been diagnosed with COVID-19, or been placed on quarantine for possible contact with COVID-19?

YES  NO

11. Have you been asked to self-isolate or quarantine by a medical professional or a local public health official?

YES  NO