



COVID-19 SCREENING QUESTIONNAIRE

This COVID-19 Screening Questionnaire is to be used for ALL programs/events under Special Olympics NL

Safety Volunteer or designate must ask the following questions (reinforced through visuals as needed):

1. Do you knowingly have COVID-19?
2. Are you experiencing ONE of the following symptoms of COVID-19 (new or worsening) in the last 14 days?
 - a. Fever (including chills/sweats);
 - b. Cough (new or worsening);
 - c. Shortness of breath or difficulty breathing;
 - d. Runny, stuffy or congested nose (not related to seasonal allergies of other know causes/conditions);
 - e. Sore throat or difficulty swallowing;
 - f. Headache;
 - g. Acute loss of sense of smell or taste;
 - h. Unusual fatigue, lack of energy;
 - i. New onset of muscle aches;
 - j. Loss of appetite;
 - k. Vomiting or diarrhea for more than 24 hours;
 - l. OR a child displaying small red or purple spots on hands and/or feet*
3. Have you, in the past 14 days, come into contact with someone who has COVID-19, who has known symptoms of COVID-19, or have you been advised to self-isolate for any reason (e.g. travel, Public Health advice, public advisories)?

If yes answered to any question follow Attendance Protocol in Return to Program Plan

**Symptoms as per <https://www.gov.nl.ca/covid-19/covid-19-symptoms-treatment/>*