Special Olympics
Alberta

HEALTH SCREENING TRACKING FORM

Region & Program/Sport: _____

Location/Venue: _____

Screening Designate Name (Please Print): _____

Signature: _____

1. The Program Health & Safety Volunteer must ask all participants all of these questions if the participant can answer NO to all of these questions, enter NO in the Screening Result Column. If the participant needs to answer YES at any time, enter YES.
   a. Do you have COVID-19?

   b. Are you experiencing any known symptoms of COVID-19, such as fever, cough, shortness of breath or feeling unwell?

   c. Have you been following government recommended guidelines for COVID-19 including practicing physical distancing?

Note: Coaches and volunteers have the right to send athletes home if they are showing observable symptoms during the program.

2. The Program Health & Safety Volunteer must 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 until symptoms resolve, or 5 days after testing positive to return to activity. Once returning to programs you must always wear a mask for an additional 5 days after you complete your isolation.

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PARTICIPANT FIRST & LAST NAME	PARTICIPANT TYPE (ATHLETE/COACH)	Emergency Contact Name & Phone Number	Declaration Form (Y/N)	Waiver (Y/N)	Date	Screening Result (Y/N)	Date	Screening Result (Y/N)