



## 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, and shortness of breath or feeling unwell?
  - c. Have you travelled internationally during the past 14 days?
  - d. Have you, in the past 14 days, knowingly come into contact with someone who has COVID-19, who has known symptoms of COVID-19, or is self-quarantining after returning to Canada?
  
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 10 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.



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PARTICIPANT FIRST & LAST NAME	PARTICIPANT TYPE (ATHLETE/COACH)	Declaration Form (Y/N)	Waiver (Y/N)	Date	Screening Result (Y/N)	Date	Screening Result (Y/N)	Date	Screening Result (Y/N)