1) Overview:
   a) UW Oshkosh Intercollegiate Athletics will be following all recommendations and guidelines of the NCAA’s Resocialization of Collegiate Sport. These recommendations and guidelines are updated frequently and can be found by going to: https://www.ncaa.org/sport-science-institute/covid-19-coronavirus.

2) Applicability:
   a) Student-athletes, athletic staff, external stakeholders

3) Procedure:
   a) Prior to Arrival on Campus or Team Practices
      i. All student-athletes will be required to complete a COVID-19 Questionnaire and Education form (Appendix A). This form will be in ATS, the electronic medical records system.
      ii. Student-athletes who have tested positive for COVID-19 prior to arrival on campus, will need documentation of physician clearance to participate in athletic activity.
      iii. Student-athletes and athletic staff with high risk pre-existing conditions (Appendix B) are encouraged to consult with their physician about possible modifications required in order to participate or coach in sports during COVID-19.
      iv. All on-line ATS medical information along with physical and insurance information is completed and up to date for student-athletes.
      v. All student-athletes must perform the Sway Medical balance test as a baseline concussion test prior to any team activity. New student-athletes must also complete the Impact Computerized baseline concussion test.
b) Eligibility Meetings
   i. All eligibility meetings for all sports will be held virtually, which will begin in mid-August. Dates and links will be sent to coaches, who will in turn send to their student-athletes.
   ii. All student-athletes must fill out the online form (normal procedure) and attend a virtual team meeting prior to their arrival on campus.
   iii. All forms will be converted to a fillable PDF. Once their eligibility meeting is complete, each student-athlete will forward their fillable PDF to their respective coach. Their coach will then put them within a designated OneDrive folder prior to each student-athlete’s arrival on campus.

4) Guidance Documents/Policy Links:

5) Definitions
   a) COVID like illness/symptoms
      i) Shortness of breath
      ii) Difficulty breathing
      iii) Cough or other respiratory symptoms
      iv) Chest pain
      v) Severe headache
      vi) Chills
      vii) Muscle aches/ body aches
      viii) Sore throat
      ix) Congestion/ runny nose
      x) New loss of taste or smell
      xi) Nausea, vomiting or diarrhea
xii) Pain, redness, swelling or rash on toes or fingers (COVID-toes)
xiii) New rash or other skin symptoms
xiv) Temperature of 100.4° Fahrenheit or greater

b) Known Exposure
   i) Contact with an infected individual or prolonged contact with a crowd without physical distancing

c) Isolation
   i) Keeping sick people away from others by limiting contact. They are separated from everyone else either in their home or in another place that allows for it. Minimum of 10 days but may be extended due to severity and length of symptoms.

d) Quarantine
   i) Restricts movement and contact of healthy people who have been exposed and lasts for 14 days.

e) COVID-19 PCR test
   i) A laboratory test for use in testing patient specimens for severe acute respiratory syndrome.

f) Personal Protective Equipment
   i) Protective materials such as gowns, gloves, masks, face shields, among others designed to protect the wearer's body from injury or infection.

g) Medical Stability
   i) Medical Stability is determined by the mental status and vital signs of the patient.
      1) A patient is considered mentally unstable if the patient does not have any motor response or is unable to respond. This includes no reaction to a pain stimuli, unable to move, unable to obey commands, no eye response (pupil dilation or constriction), no verbal response (this includes no response at all, incomprehensible words, not making any sense, confused, or disoriented speech).
      2) A patient is considered to have unstable vital signs if a patient is increased temperature (above 100.4 F), unable to breath (or difficult breathing), does not have a pulse, decreased oxygen blood saturation, or abnormal blood pressure.
      3) A patient is considered to be medically stable if they have full mental status (able to comprehend what is happening around them and able to focus) and have normal vital signs (normal heart rate, respiratory rate, blood pressure, temperature, and oxygen saturation).

h) Re-Acclimatization
   i) The act or process of readapting an individual to a given environment or situation
i) Contact Tracing
  i) Communication process that supports an infected individual and also identifies individuals that may be at risk for COVID-19 due to contact with an infected individual. It is important to limiting the spread of COVID-19 by identifying those that are at risk and asking them to isolate (positive COVID-19 patient) or quarantine (healthy person that encountered a positive COVID-19 patient).

j) Actively Participating
  i) When a student-athlete is involved in either practice or games and is participating in practice. A student-athlete is not actively participating when they spend most of the time during a practice or game watching other players.

6) Revision History:
  a) Created: June 25, 2020
  b) Revised: October 2, 2020
COVID-19 Athletic Questionnaire

1. Are you currently free from illness?
   a. Yes
   b. No

2. Have you been diagnosed or tested positive for COVID-19 infection?
   a. Yes
   b. No

3. If you had COVID-19, during the infection did you suffer from chest pain, pressure, tightness or heaviness, or experience difficulty breathing or unusual shortness of breath?
   a. Yes
   b. No
   c. Not applicable

4. If you had COVID-19, since the infection, have you had new chest pain or pressure with exercise, new shortness of breath with exercise, or decreased exercise tolerance?
   a. Yes
   b. No
   c. Not applicable

5. Since March of 2020, or during your time away from UW Oshkosh did you experience, or are you currently experiencing any of the following:
   a. Fever
      i. Yes
      ii. No
   b. Body Chills
      i. Yes
      ii. No
   c. Extreme Level of Fatigue
      i. Yes
      ii. No
   d. Cough
      i. Yes
      ii. No
   e. Pain/ Difficulty Breathing
      i. Yes
      ii. No
f. Shortness of Breath  
   i. Yes  
   ii. No  

g. Sore Throat  
   i. Yes  
   ii. No  

h. Body/ Muscle Aches  
   i. Yes  
   ii. No  

i. Loss of Taste  
   i. Yes  
   ii. No  

j. Loss of Smell  
   i. Yes  
   ii. No  

k. Changes to Vision/ Eye Discharge  
   i. Yes  
   ii. No  

l. New rash or other skin symptoms  
   i. Yes  
   ii. No  

m. Pain, redness, swelling or rash on toes or fingers (COVID-toes)  
   i. Yes  
   ii. No  

6. Do you have a family or household member with current or past COVID-19?  
   a. Yes  
   b. No  

7. Do you have moderate to severe asthma, a heart condition, diabetes, pre-existing kidney disease, or a weakened immune system?  
   a. Yes  
   b. No  
   c. If yes, please specify  

8. In the past 2 weeks have you had any direct contact with anyone who lives in or has visited a place where COVID-19 is spreading and/ or is in an area reporting an increased number of COVID-19 cases (i.e. “hot spots”)?  
   a. Yes  
   b. No
9. In the past 2 weeks have you had any direct contact with someone that has a suspected or lab confirmed case of COVID-19?
   a. Yes
   b. No
10. If you had a positive COVID-19, do you have any medical documentation to support your diagnosis and treatment?
    a. Yes
    b. No
    c. Not applicable
11. Please list any countries/ states/ cities that you have visited over the past month.
Appendix B

COVID-19 High Risk Pre-existing Conditions

1. Age greater than or equal to 65
2. COPD (Chronic obstructive pulmonary disease)
3. Immunocompromised state (weakened immune system) from solid organ transplant
4. Obesity (body mass index of 30 or greater)
5. Serious heart conditions, such as heart failure, coronary artery disease or cardiomyopathies
6. Sickle cell disease
7. Type 2 diabetes mellitus
8. Asthma (moderate to severe)
9. Cerebrovascular disease (affects blood vessels and blood supply to brain)
10. Cystic fibrosis
11. Hypertension or high blood pressure
12. Neurologic conditions such as dementia
13. Immunocompromised state from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids or other immune weakening medication
14. Liver disease
15. Pregnancy
16. Pulmonary fibrosis (having damaged or scarred lung tissue)
17. Smoking
18. Thalassemia (a blood disorder)
19. Type 1 diabetes mellitus