

“Return to Activities” Screening and Tracking Form

VERSION 1.0

Last updated: June 22, 2020

Special Olympics



PARTICIPATION LIMIT PER ACTIVITY: 50

DEFINITIONS:

- **ACTIVITIES** is defined as any practice (whether sports or fitness in nature), competition, fundraising event, or social gathering involving athletes.
- **PARTICIPANTS** are all athletes, Unified partners, coaches, volunteers, family members, caregivers, staff or others in attendance of an activity.
- **“HIGH RISK”** is defined within the “Return to Activities” protocol. Please reference that section for further details.

REMINDERS:

- It is the Special Olympics recommendation that all participants identified as “high risk” do NOT participate in any in-person activity until further notice.
- All participants are to be reminded that they MUST stay home, if they are sick or showing signs and symptoms of COVID-19 or have been exposed to someone who has had COVID-19. They should be encouraged to contact their healthcare provider if they are feeling unwell.
- Before the start of any in-person Special Olympics activity, a screening of all participants must be conducted to assess if anyone is showing signs or symptoms of COVID-19.
- All participants must be documented in case someone in attendance is diagnosed with COVID-19 and contact tracing is needed.
- Activities are limited to 50 participants or fewer until further notice.
- The 4:1 athlete-to-Class A volunteer ratio must be maintained.
- Volunteers administering the screening and tracking protocol count towards the 50 participant limit.

Name of Activity: _____

Date of Activity: _____

Location: _____

SCREENING PROTOCOL:

The outlined screening and tracking must be done at each activity. Completed and signed forms must be maintained until further notice.

1. **Must receive a completed and signed COVID-19 Participant Code of Conduct & Risk Assessment form prior to the first screening. For athletes, completed forms must be kept with the athlete medical form and considered an addendum. For all other participants, completed forms must be kept for reference, tracking, and accountability.**
2. Must set-up a space for screening that maintains physical distance (6 feet) during screening.
3. Must ask the following questions (reinforced through visuals and verbally, such as a poster or paper with icons):
 - a. In the last 14 days, have you had contact with someone who has been sick with COVID-19?
 - b. Have you had a fever in the last week (temperature of 100.4°F or higher)?
 - c. Do you have a cough and/or difficulty breathing?
 - d. Do you have any other signs or symptoms of COVID-19 (fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea)?
4. Must conduct onsite measurement of temperature using non-touch thermal scanning thermometer.
 - Fever equals temperature of 100.4°F or higher.
 - If high, may re-test after 5 minutes to ensure temperature is accurate.
5. 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 6 feet 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 14 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.

Throughout the activity, remind participants of infection prevention protocols, such as facemasks, physical distancing, hygiene, disinfection, and sanitation).

For the person leading the screening and tracking, please sign and date that this information is accurate to the best of your knowledge.

Printed Name: _____

Signature: _____

Date: _____

Name of Activity: _____

Date of Activity: _____

Location: _____

Participant First and Last Name	Participant Type (Athlete, Unified Partner, Coach, Volunteer, Staff)	Contact Information	Code of Conduct Signed (Yes/No)	Screened? (Yes/No)	Sign or Symptoms of COVID-19? (Yes/No)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

For the person leading the screening and tracking, please sign and date that this information is accurate to the best of your knowledge.

Printed Name: _____

Signature: _____

Date: _____

Name of Activity: _____

Date of Activity: _____

Location: _____

Participant First and Last Name	Participant Type (Athlete, Unified Partner, Coach, Volunteer, Staff)	Contact Information	Code of Conduct Signed (Yes/No)	Screened? (Yes/No)	Sign or Symptoms of COVID-19? (Yes/No)
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

For the person leading the screening and tracking, please sign and date that this information is accurate to the best of your knowledge.

Printed Name: _____

Signature: _____

Date: _____

Name of Activity: _____

Date of Activity: _____

Location: _____

Participant First and Last Name	Participant Type (Athlete, Unified Partner, Coach, Volunteer, Staff)	Contact Information	Code of Conduct Signed (Yes/No)	Screened? (Yes/No)	Sign or Symptoms of COVID-19? (Yes/No)
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

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Printed Name: _____

Signature: _____

Date: _____

Name of Activity: _____

Date of Activity: _____

Location: _____

Participant First and Last Name	Participant Type (Athlete, Unified Partner, Coach, Volunteer, Staff)	Contact Information	Code of Conduct Signed (Yes/No)	Screened? (Yes/No)	Sign or Symptoms of COVID-19? (Yes/No)
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					

For the person leading the screening and tracking, please sign and date that this information is accurate to the best of your knowledge.

Printed Name: _____

Signature: _____

Date: _____

Name of Activity: _____

Date of Activity: _____

Location: _____

Participant First and Last Name	Participant Type (Athlete, Unified Partner, Coach, Volunteer, Staff)	Contact Information	Code of Conduct Signed (Yes/No)	Screened? (Yes/No)	Sign or Symptoms of COVID-19? (Yes/No)
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					

For the person leading the screening and tracking, please sign and date that this information is accurate to the best of your knowledge.

Printed Name: _____

Signature: _____

Date: _____