

# RETURN TO ACTIVITIES SCREENING AND TRACING FORM

**Special Olympics**  
Illinois



## REMINDERS:

- All participants 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 Special Olympics Illinois event/practice/training/competition (during Phases 3 and 4), a screening of all participants must be conducted to assess if anyone is showing signs or symptoms of COVID-19. All participants at an event, training, or practice, must be documented in case someone in attendance is diagnosed with COVID-19 and contact tracing is needed.
- Throughout the event/practice/training/competition remind participants of infection prevention protocols (e.g. facemasks, physical distancing, hygiene, and disinfection/sanitization).

## SCREENING PROTOCOL:

1. Must set-up a space for screening that maintains physical distance (6ft/2m) during screening.
2. Must ask the following questions (reinforced through visuals and verbally, such as a poster/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/37.8°C 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)?
3. Will conduct onsite measurement of temperature using thermometer (preferred non-touch thermal scanning thermometer if possible).
  - Fever equals temperature of 100.4°F/37.8°C or higher.
  - If high, may re-test after 5 minutes to ensure temperature is accurate.
4. 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.



**CHECK FOR THE PRIMARY SYMPTOMS OF  
COVID- 19**



BODY TEMPERATURE  
GREATER THAN 100.4°F



COUGH



SHORTNESS  
OF BREATH

**BE ON THE LOOKOUT FOR OTHER,  
LESS COMMON SYMPTOMS**



LOSS OF SENSE  
OF SMELL



SORE THROAT



HEADACHE OR  
CONGESTION



NAUSEA OR  
VOMITING



MUSCLE &  
JOINT PAIN



DIARRHEA



CHILLS

# RETURN TO ACTIVITIES SCREENING AND TRACING FORM

**Special Olympics**  
Illinois



Name of Event: \_\_\_\_\_ Date of Event/Practice: \_\_\_\_\_ Location: \_\_\_\_\_

**Temperature Check:** Write temperature in the column. If at or below 100.4°F/37.8°C participant proceeds with remainder of Screening. If above 100.4°F/37.8°C wait 5 minutes and redo. After 2nd check, write temperature in column next to first number. If at or below 100.4°F/37.8°C participant proceeds with remainder of Screening. If still above 100.4°F/37.8°C participant not allowed to participate.

**For each Participant, record either a Y for Yes or an N for No in the answer boxes for each question.**

**Question #1:** In the past 14 days, have you had contact with someone who has been sick with COVID-19?

**Question #2:** Have you had a fever in the last week (temperature of 100.4°F/37.8°C or higher)?

**Question #3:** Do you have a cough and/or other difficulty breathing?

**Question #4:** 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)?

PARTICIPANT FIRST AND LAST NAME	PARTICIPANT TYPE (ATHLETE, UNIFIED PARTNER, COACH, VOLUNTEER, STAFF)	CONTACT INFORMATION (PHONE # of PARTICIPANT or PARENT/GUARDIAN if not own Guardian)	FEVER	QUESTION #1	QUESTION #2	QUESTION #3	QUESTION #4