



**Attendance Tracking Form**

Please use this Attendance Tracking Form for any/all Special Olympics activities (practices, games, meetings, etc.). It is important to list all the names of those in attendance for the activity. Tracking Forms will be used for contact tracing purposes should there be a suspected or identified case(s) of COVID-19. Throughout the activity, you should remind participants of infection prevention protocols (e.g. facemasks, physical distancing, hygiene, and disinfection/sanitation).

Activity: \_\_\_\_\_

DATE of Activity: \_\_\_\_\_

Location: \_\_\_\_\_

Participant First and Last Name	Participant Type (Athlete, Unified Partner, Coach, Volunteer, Staff)	Contact Information (Phone OR Email)	Participant Disclaimer on File? (Yes/No)	Answered health screening questions? (Yes/No)	Showing signs or symptoms of COVID-19? (Yes/No)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					



9.					
<b>Participant First and Last Name</b>	<b>Participant Type (Athlete, Unified Partner, Coach, Volunteer, Staff)</b>	<b>Contact Information (Phone OR Email)</b>	<b>Participant Disclaimer on File? (Yes/No)</b>	<b>Answered health screening questions? (Yes/No)</b>	<b>Showing signs or symptoms of COVID-19? (Yes/No)</b>
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

**PLEASE MAKE ADDITIONAL BLANK COPIES AS NEEDED**