

or a local public health official?

□ Yes

## **COVID-19 Daily Self Checklist**



SOTN participants should review this document before attending any Special Olympics Tennessee training session. Each coach must ask these questions of each of their athletes, coaches, unified partners or volunteers prior to athletes entering the training area. If you reply **YES** to any of the questions below, STAY HOME, do not attend any group training sessions and contact your healthcare provider for further advice. If an athletes arrives at a training session and answers yes to any of these questions they should not attend the training session and should wait 7 days after symptoms resolve to return or be cleared by a physician to do so.

and contact your healthcare pr and answers yes to any of these should wait 7 days after sympte	e questions they should	d not attend the train	ing session and
Do you have a fever (tem any fever reducing medic	•	3°F) without havi	ng taken
□ Yes □ No			
Loss of Smell or Taste?	<b>Muscle Aches?</b>	Sore Throat?	Cough?
□ Yes	□ Yes	□ Yes	□ Yes
□ No	□ No	□ No	□ No
<b>Shortness of Breath?</b>	Chills?	Headache?	<b>Congestion?</b>
□ Yes	□ Yes	□ Yes	□ Yes
□ No	□ No	□ No	□ No
Have you experienced an vomiting, diarrhea, loss o	, -	symptoms such as	s nausea/
Have you, or anyone you with COVID-19, or been p	laced on quarantin		
□ Yes □ No			
Have you been asked to s	self-isolate or quara	antine by a medic	al professional