All participants/coaches/instructors are expected to complete Health Screening prior to each participation in on-ice activity. The Health Screening may be completed verbally.

By indicating YES in the chart below, you confirm that this Health Screening was passed.

The expectation is that a tracking sheet must exist for each on-ice session to facilitate contact tracing in the event of a COVID-19 exposure.

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| **Session Location** | **Ice Pad** | **Date** | **Time** |
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| **Name of each individual included in this session Please list all coaches, instructors and participants** |

 | **Contact Phone Number** | **Health Screening Pass (Yes or No)** |
| **01** |  |  |  |
| **02** |  |  |  |
| **03** |  |  |  |
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| **05** |  |  |  |
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| **14** |  |  |  |
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| **Name of each individual included in this session Please list all coaches, instructors and participants** |

 | **Contact Phone Number** | **Health Screening Pass (Yes or No)** |
| **15** |  |  |  |
| **16** |  |  |  |
| **17** |  |  |  |
| **18** |  |  |  |
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