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.

|  |  |  |  |
| --- | --- | --- | --- |
| **Session Location** | **Ice Pad** | **Date** | **Time** |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  | | --- | | **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** |  |  |  |
| **04** |  |  |  |
| **05** |  |  |  |
| **06** |  |  |  |
| **07** |  |  |  |
| **08** |  |  |  |
| **09** |  |  |  |
| **10** |  |  |  |
| **11** |  |  |  |
| **12** |  |  |  |
| **13** |  |  |  |
| **14** |  |  |  |
|  | |  | | --- | | **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** |  |  |  |
| **19** |  |  |  |
| **20** |  |  |  |
| **21** |  |  |  |
| **22** |  |  |  |
| **23** |  |  |  |
| **24** |  |  |  |
| **25** |  |  |  |