

# Return to Play Plan

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## APPENDIX 7: COVID 19 QUESTIONNAIRE AND ATTESTATION

I attest that I am not experiencing any symptoms of illness such as a fever, cough, difficulty breathing, shortness of breath or malaise (severe fatigue or feeling of being generally unwell).

If I develop these symptoms, I agree that I will leave the premises immediately and immediately inform the coach, Off-Field Manager, or other responsible adult who is supervising the activity.

I am aware that I must follow the safety and hygiene protocols of Dominion of Canada, Alberta, Public Health, and Baseball Alberta.

I attest that:

- I have not traveled internationally in the past 14 days.
- I have not traveled outside the province of Alberta in the last 14 days.
- I have not travelled to an area highly impacted by COVID-19 within my province in the past 14 days.
- I have not and do not believe that I have been exposed to a person with a confirmed or suspected case of COVID-19.

I attest that:

- I have not been diagnosed with COVID-19
- OR

- I have been diagnosed with COVID-19 and been cleared as noncontagious by provincial or local public health authorities (confirmation from a medical practitioner will be required and maintained in a confidential file by the organization)

I acknowledge and agree that I will follow recommended guidelines, laws and protocols of Dominion of Canada, Alberta, Public Health, and Baseball Alberta in order to reduce the spread of COVID-19

I acknowledge that the forgoing statements are true.

Adult Participant: Printed Name

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Date of Birth: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

Organization: \_\_\_\_\_

## PARENTAL ATTESTATION (if participant is under the age of 18)

Name of Participant:

Printed Name of Parent/Guardian:

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Parent/Guardian Signature

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