



Group Safety Form

Division/Team	
Date, Time and Arena	
Group Safety Person's Name	
Group Host's Name	

Health Check Questions

1. Have you experienced a fever of 38°C or greater in the past 14 days?
2. Have you received a positive result from a COVID-19 test within the past 14 days?
3. Have you been in contact with anyone while they had COVID-19 or symptoms of COVID-19 in the past 14 days?
4. In the past 14 days have you or someone you have been in contact with traveled outside your province/country or to an area with restrictions due to COVID 19?
5. In the past 14 days have you experienced any of the following new symptoms not attributed to another health condition?

Cough
sore throat

loss of smell or taste
runny nose

shortness of breath

Name of Players you asked Health Check Questions to:

Name	Cleared	Name	Cleared

Is there anyone on your team that is currently ill? **YES NO**

Is there anyone on your team that has gone for a COVID Test that you know of? **YES NO**

Were there any incidents (including illness, injury, etc) before, during or after the session? **YES NO**

If "YES" please describe in detail.

