

# Return to Baseball Plan

## APPENDIX 2: CONTACT TRACING LOG (template)

Date of Session:

Session Start Time: \_\_\_\_\_

Session End Time: \_\_\_\_\_

### Screening Questions

1.	Does the attendee have any new onset (or worsening) of any of the following symptoms:	CIRCLE ONE	
		YES	NO
	• Fever	YES	NO
	• Cough	YES	NO
	• Shortness of Breath / Difficulty Breathing	YES	NO
	• Sore throat	YES	NO
	• Chills	YES	NO
	• Painful swallowing	YES	NO
	• Runny Nose / Nasal Congestion	YES	NO
	• Feeling unwell / Fatigued	YES	NO
	• Nausea / Vomiting / Diarrhea	YES	NO
	• Unexplained loss of appetite	YES	NO
	• Loss of sense of taste or smell	YES	NO
	• Muscle/ Joint aches	YES	NO
	• Headache	YES	NO
	• Conjunctivitis (commonly known as pink eye)	YES	NO
2.	Has the attendee travelled outside of Canada in the last 14 days?	YES	NO
3.	Has the attendee had close contact* with a confirmed case of COVID-19 in the last 14 days?	YES	NO
4.	Has the attendee had close contact with a symptomatic** close contact of a confirmed case of COVID-19 in the last 14 days?	YES	NO

\* Face-to-face contact within 2 metres. A health care worker in a occupational setting wearing the recommended personal protective equipment is not considered to be a close contact.

\*\* 'Ill/symptomatic' means someone with COVID-19 symptoms on the list above.

\*\*Aircrews have been granted exemptions from the Canadian Government and Canada Public Health to not be required to quarantine or isolate.

Any individual who answered yes to any above questions must be sent home and in isolation for 10 days from the start of symptoms, or until symptoms resolve, whichever takes longer. CMOH Order 05-2020

All players, coaches, volunteers and parents/guardians who drop-off their children must be included in this log. The log can be electronic or completed on site by a responsible adult. The information collected on this document is being collected to assist in the management of the COVID-19 pandemic. This information will be kept in a safe and secure location and will be provided to Alberta Health Services on request if it is required for contact tracing purposes. **(Association name)** will not use this information for any other purpose and will destroy this record after six weeks. Under Privacy Regulations you have a right to access and correct any information we hold about you.

