

### PMFSA Attendance Tracker/Health Screening Tool

This form is to be used anytime there is a softball activity within PMFSA. This includes meetings, practices, skills development, clinics/camps, games, coaching clinics, umpire clinics or field clean. Any and all activities must have **ALL** attendees tracked. This is a requirement of the BC Ministry of Health and a requirement of sanctioning by Softball BC.

This form must be completed and returned to Randy Patton, Attendance Coordinator by email at: [treasurer.pmfsa@gmail.com](mailto:treasurer.pmfsa@gmail.com) (All fields are mandatory)

Before any individual can enter the facility in relation to the PMFSA activities, they must be screened to determine if they are permitted entry. If they give a positive answer to any of the screening questions, they will be instructed to return home and contact the Health Link at 8-1-1.

Full Name		Phone Number	
Email		Date of Activity	
Location/Name of Park		Physical Address of Activity, if not a park or public facility	
Type of activity			
Screening questions:	<ol style="list-style-type: none"> <li>1. Are you exhibiting any symptoms of covid-19 (fever, dry cough, chest or respiratory pain)?</li> <li>2. Has any member or any other member of your household arrived from outside of Canada in the past 14 day?</li> <li>3. Has any member of your household exhibited any symptoms of covid-19 within the last 14 days?</li> </ol>		

Contact information:

PMFSA President 2504882143 [president.pmfsa@gmail.com](mailto:president.pmfsa@gmail.com)

Interior Health <https://interiorhealth.ca/Pages/default.aspx>

Self-assessment tool <https://bc.thrive.health/covid19/en>

BC Health Link BC phone 8-1-1.

Date: \_\_\_\_\_ Location: \_\_\_\_\_ Event type: \_\_\_\_\_

Full Name	Phone & email (If applicable)	Health Screening Questions	Signature
		Are you exhibiting any symptoms of COVID-19 (fever, dry cough, chest or respiratory pain)? <b>Yes/No</b> Has any member of your household arrived from outside of Canada in the past 14 days? <b>Yes/No</b> Has any member of your household exhibited any symptoms of COVID-19 within the last 14 days? <b>Yes/No</b>	
		Are you exhibiting any symptoms of COVID-19 (fever, dry cough, chest or respiratory pain)? <b>Yes/No</b> Has any member of your household arrived from outside of Canada in the past 14 days? <b>Yes/No</b> Has any member of your household exhibited any symptoms of COVID-19 within the last 14 days? <b>Yes/No</b>	
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PLEASE PRINT ADDITIONAL SHEETS IF MORE THAN 9 PEOPLE ARE IN ATTENDANCE FOR THIS ACTIVITY