

# HEALTH & SAFETY SIGN IN SHEET



**PRE -ACTIVITY SCREENING**

Sanitation champions and/or Health & Safety Managers will ask every participant attending a sanctioned softball activity the following questions:

1. Are you exhibiting any symptoms of COVID-19 (fever, dry cough, chest or respiratory pain)?
2. Has any member of your household exhibited any symptoms?
3. Have you or any member of your household travelled outside Canada in the past 14 days?
4. Have you experienced any other health issues or symptoms in the past 24 hours?
5. Have you been diagnosed with or waiting on test results of COVID-19?

DATE \_\_\_\_\_  
 TEAM NAME \_\_\_\_\_ AGE GROUP \_\_\_\_\_  
 FACILITY \_\_\_\_\_

<u>First Name</u>	<u>Last Name</u>	<u>YES</u>	<u>NO</u>
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____
5) _____	_____	_____	_____
6) _____	_____	_____	_____
7) _____	_____	_____	_____
8) _____	_____	_____	_____
9) _____	_____	_____	_____
10) _____	_____	_____	_____
11) _____	_____	_____	_____
12) _____	_____	_____	_____
13) _____	_____	_____	_____
14) _____	_____	_____	_____
15) _____	_____	_____	_____
16) _____	_____	_____	_____
17) _____	_____	_____	_____
18) _____	_____	_____	_____
19) _____	_____	_____	_____
20) _____	_____	_____	_____

\*If the participant answers yes to any of the above questions they will not be allowed to take part in the team activities and will be sent home.

\*If a person is denied entry because of pre-screening, ensure there is a procedure in place to encourage that person to visit a medical facility or hospital immediately and ensure that person/s contact information is maintained.