Visitor Contact Tracing Form

All visitors are expected to complete Health Screening prior to entry to the facility. Health Screening may be completed verbally.

By indicating YES in the chart below, you confirm that a Health Screening was passed.

The expectation is that a tracking sheet must exist for each on-ice session to facilitate contact tracing in the event of a COVID-19 exposure.

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| --- | --- | --- | --- |
| **Session Location** | **Ice Pad** | **Date** | **Time** |
|  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
|  | |  | | --- | | **Name of Visitor** | | **Name of Person traveled with (ie Player)** | **Contact Number**  **(home or cell)** | **Health Screening Pass (Yes or No)** |
| **01** |  |  |  |  |
| **02** |  |  |  |  |
| **03** |  |  |  |  |
| **04** |  |  |  |  |
| **05** |  |  |  |  |
| **06** |  |  |  |  |
| **07** |  |  |  |  |
| **08** |  |  |  |  |
| **09** |  |  |  |  |
| **10** |  |  |  |  |
| **11** |  |  |  |  |
| **12** |  |  |  |  |
| **13** |  |  |  |  |
| **14** |  |  |  |  |