



# COVID-19 SCREENING / CONTACT TRACING FORM

User group: \_\_\_\_\_ Safety Captain: \_\_\_\_\_

\*Record all 50 players on your team’s roster and ice rental dates. Place a check mark by each player’s name that attends each date/ice time.

|    | NAME               | CONTACT NUMBER | DATE |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|----|--------------------|----------------|------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|    |                    |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|    | John Doe<br>Sample | 306.630.1234   | ✓    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1  |                    |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2  |                    |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3  |                    |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4  |                    |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5  |                    |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6  |                    |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7  |                    |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8  |                    |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9  |                    |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 |                    |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 |                    |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 |                    |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13 |                    |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 14 |                    |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15 |                    |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 16 |                    |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 17 |                    |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 18 |                    |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 19 |                    |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|    | NAME | CONTACT NUMBER | DATE |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|----|------|----------------|------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|    |      |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 20 |      |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 21 |      |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 22 |      |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 23 |      |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 24 |      |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 25 |      |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 26 |      |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 27 |      |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 28 |      |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 29 |      |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 30 |      |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 31 |      |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 32 |      |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 33 |      |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 34 |      |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 35 |      |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 36 |      |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 37 |      |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 38 |      |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 39 |      |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 40 |      |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 41 |      |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 42 |      |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 43 |      |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 44 |      |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|    | NAME       | CONTACT NUMBER | DATE |  |  |  |  |  |  |  |  |  |  |  |  |  |
|----|------------|----------------|------|--|--|--|--|--|--|--|--|--|--|--|--|--|
|    |            |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 45 |            |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 46 |            |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 47 |            |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 48 |            |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 49 |            |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 50 |            |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |
|    |            |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |
|    | SPECTATORS | CONTACT NUMBER | DATE |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1  |            |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2  |            |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3  |            |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4  |            |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5  |            |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6  |            |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7  |            |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8  |            |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9  |            |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 |            |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 |            |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 |            |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13 |            |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 14 |            |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15 |            |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 16 |            |                |      |  |  |  |  |  |  |  |  |  |  |  |  |  |