

Mitchell Minor Hockey Covid Screening

All participants/coaches/instructors/parents are expected to complete Health Screening prior to each participation in on-ice activity. The Health Screening will be completed verbally.

By indicating YES in the chart below, you confirm that this Health Screening was passed. **IF SCREENING IS NOT PASSED , SEND INDIVIDUAL HOME.**

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 and a photo of each sheet will be emailed by the covid rep after each session to: [mmhcovid19@gmail.com](mailto:mmhcovid19@gmail.com)

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Session Location** | | **Team** | | **Date** | | **Ice Time** | |
|  | |  | |  | |  | |
|  | Player/Coach Name | | Parent Name | | Contact Number | | Screening – Yes/No | |
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