Participation & Contact Tracing Sheet

Date (MM/DD/YYY):		Court # and Time:	/
Team Name:			

Player Information (*for Contact Tracing Purposes)	
Player Name	**Phone Number or Email**
1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	

**The names and phone numbers for all team members present at this game are required.*

1. **Do you or any team members currently have one or more of the COVID-19 symptoms listed below?**

- Fever and/or chills
- Cough or barking cough (croup)
- Shortness of breath
- Sore throat
- Difficulty swallowing
- Decrease or loss of smell or taste
- Runny or stuffy/congested nose
- Headache
- Nausea/vomiting, diarrhea
- Muscle aches/joint pain
- Fatigue
- Pink eye
- Stomach pain
- Falling down often (for older adults)

☐ NO	☐ YES	*(Provide the names of those who answered 'yes'.)*

2. **Have you or any team members been told by a doctor, health care provider, or public health unit that you should currently be isolating (staying at home)?**

☐ NO	☐ YES	*(Provide the names of those who answered 'yes'.)*

3. **In the last 10 days, have you or any team members tested positive on a rapid anti-gen test or a home-based self-testing kit?**

☐ NO	☐ YES	*(Provide the names of those who answered 'yes'.)*

4. **Have you or any team members been identified as having "close contact" with someone that has COVID-19, in the last 14 days?**

☐ NO	☐ YES	*(Provide the names of those who answered 'yes'.)*

5. **Have you or any team members received a COVID alert exposure notification on your cell phone in the last 14 days (and have not been tested or are waiting for your result)?**

☐ NO	☐ YES	*(Provide the names of those who answered 'yes'.)*

6. **In the last 14 days, have you or any team members travelled outside of Canada AND been advised to quarantine per the federal quarantine requirements?**

☐ NO	☐ YES	*(Provide the names of those who answered 'yes'.)*

7. **Is anyone in your, or a team member's household, experiencing any new COVID-19 symptoms and/or waiting test results after experiencing symptoms?**

☐ NO	☐ YES	*(Provide the names of those who answered 'yes'.)*

If you or any of your team members answered 'YES' to any one of these questions, PLEASE EXIT THE VOLLEYBALL COURTS AREA, and contact either your health care provider or Telehealth Ontario (1-866-797-0000) to get advice or an assessment, including if you need a COVID-19 test. We ask that you also report to a BVL Representative (Executive or Member of the BVL COVID-19 Oversight Group) immediately for further instructions.

MATCH RESULTS

	Our Score	Their Score
Game 1		
Game 2		
Game 3		

Player Initials for Score Confirmation: ______________

Verified by (On-Site Name): ________________________

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