



Challenger Baseball In-Person Training Camps Health Pass

The most important thing families can do to help slow the spread of COVID-19, is to screen their athletes and themselves daily for symptoms of COVID-19 and also follow the circumstances in which they should stay home.

Review this COVID-19 checklist daily with your athlete and their on-field support person. Sign* below each day to confirm that your athlete, and their support person, does not have any symptoms or have other exposure to COVID-19. We all have a role in keeping our Challenger Baseball programs safe and healthy. If you have more than one athlete, please complete separate forms.

Athlete Name: _____

On-Field Support Person Name : _____

Date: _____ Signature _____ Date: _____ Signature _____

Date: _____ Signature _____ Date: _____ Signature _____

Date: _____ Signature _____ Date: _____ Signature _____

Date: _____ Signature _____ Date: _____ Signature _____

Date: _____ Signature _____ Date: _____ Signature _____

Date: _____ Signature _____ Date: _____ Signature _____

Date: _____ Signature _____ Date: _____ Signature _____

Date: _____ Signature _____ Date: _____ Signature _____

**Parent/Guardian are able to sign on the athlete's behalf if they are unable to do so.*



1.



COVID-19 ATHLETE & GUARDIAN SCREENING TOOL

Do you or your athlete have any of the following new or worsening symptoms?



Fever > 37.8°C



Cough



Difficulty breathing



Loss of taste or smell



Feeling unwell, muscle aches or tired



Stuffy or runny nose



Headache



Sore throat or pain swallowing



Nausea, vomiting or diarrhea

If "YES" to any symptom please:



Stay home & self isolate



Get tested & contact healthcare provider

2: Does anyone in your household have one or more of the above symptoms? YES NO

3: Has anyone in your household travelled outside of Canada in the past 14 days? YES NO

4: Has anyone in your household been notified as a close contact of someone with COVID-19 or been told to stay home and self-isolate? YES NO

If "YES" to questions 2, 3, or 4: Please stay home and follow your local health authority's advice.

Athletes who have an existing health condition identified by a health care provider that gives them the symptoms should not answer YES, unless the symptom is **new, different or getting worse. Look for changes from your child's normal symptoms.*