



# MAHA Health Screening Form/Contact Tracing Log

All attendees of MAHA hosted events must complete this form before entering Memorial Sports Center and/or taking the ice

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Temperature: \_\_\_\_\_

Team: \_\_\_\_\_

Participant Full Name: \_\_\_\_\_

Preferred Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please Check the box if you HAVE any of the following:

- Fever (100.4F or higher), or feeling feverish?
- Chills?
- A new cough?
- Shortness of breath?
- A new sore throat?
- New muscle aches?
- New headache?
- New loss of smell or taste?
- Traveled outside of Vermont within the last 14 days?

Participant Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Screened by: \_\_\_\_\_

\* Anyone with a temperature of 100.4 degrees or greater must not enter the facility for the remainder of the day and the following day.

\* All contact tracing forms will be kept on file at MSC for at least 30 days.

(Last updated: 11/05/20)