COVID-19 Coordinator

Chas McGarvey

hhawkspresident@gmail.com

610-585-3953

Date of Disclosure \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hawks Team Level \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Coach/Manager Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Temperature Tested prior to Game/Practice Yes No

Opponent Team Name/Level \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coach Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Temperature Tested Prior to Game/Practice Yes No

COVID-19 Coordinator Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Potential COVID-19 Exposure \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location/Rink \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle position of affected individual

Hawks Opponent

Player Parent Coach Manager Rink Official Other

Date of Illness Onset \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Test \_\_\_\_\_\_\_\_\_\_\_\_\_ Result \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle position of affected individual

Hawks Opponent

Player Parent Coach Manager Rink Official Other

Date of Illness Onset \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Test \_\_\_\_\_\_\_\_\_\_\_\_\_ Result \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle position of affected individual

Hawks Opponent

Player Parent Coach Manager Rink Official Other

Date of Illness Onset \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Test \_\_\_\_\_\_\_\_\_\_\_\_\_ Result \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Internal Use Only**

Board Notification Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Outcome/Determination \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Team Notification Date \_\_\_\_\_\_\_\_\_\_\_\_