Ontario Basketball COVID Participation Form

Club:		Date:	
Coach Name:		Location:	

		Daily Attestation **All answers must be "No" in order to participate in basketball activity.**							
		Do you have any of the follow new or worsening symptoms?						Have you traveled outside of Canada in the past 14 days	Have you had close contact with a confirmed or probable case of COVID-19?
Participant Name	Contact Information	Fever	Sneezing/ Runny Nose	Cough	Sore Throat	Shortness of Breath	Loss of taste or smell		

ONTARIO BASKETBALL