

Appendix D: SAMPLE TRACKING SHEET



**OWHA DEVELOPMENT APPLICATION
COMPLIANT WITH COVID- 19
LIST OF ALL PEOPLE IN ATTENDANCE**



DATE OF ACTIVITY: _____ TIME FRAME: _____

PLACE: _____ LEAD PERSON: _____

OTHER DETAILS: _____

| NAME OF PERSON IN ATTENDANCE | ROLE Eg: Player, Staff, Parent | Contact Number | EMAIL | SCREENING STATUS If not pass, sent home |
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