

## ERROR CORRECTION FORM - TeamSnap Health Check

Please use this form in the event that you have made an error when submitting your 'Health Check'. This form should be completed and given to the Head Coach or Manager of your team, who will be responsible for submitting to the appropriate association representative. Alternatively, an online version of this form can be found here: <https://www.bowriverhockey.ca/for-parents/>

Name of Participant: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Facility: \_\_\_\_\_

Association: \_\_\_\_\_

Cohort Name: \_\_\_\_\_

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

1. Have you experienced a fever of 38.0°F or greater in the past 10 days?
  - Yes
  - No
  
2. Have you received a positive result from a COVID-19 test within the past 14 days?
  - Yes
  - No
  
3. Have you been in contact with anyone while they had COVID-19 or symptoms of COVID-19 in the past 14 days?
  - Yes
  - No
  
4. Have you experienced any of the following symptoms within the past 14 days? Check all that apply
  - Cough
  - Shortness of breath
  - Sore throat
  - Runny nose
  - None of the above