

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