

Name of Event: \_\_\_\_\_ Date of Event/Practice: \_\_\_\_\_ Location: \_\_\_\_\_

<b>Training Roster</b>	<b>Participant Type (Athlete, Unified Partner, Coach, Volunteer, Staff)</b>	<b>First Name</b>	<b>Last Name</b>	<b>Vaccinated? (Yes/No)</b>	<b>If Yes, Type (Pfizer, Moderna OR J&amp;J)</b>	<b>If Yes, Dose No. 1 or No. 2?</b>	<b>Signed Communicable Diseases Participant Risk Assessment, Code of Conduct &amp; Waiver? (Yes/No)</b>	<b>Screened? (Yes/No)</b>	<b>Signs or Symptoms of COVID-19? (Yes/No)</b>

If the COVID-19 Coordinator completes this paper version they MUST transfer that data to the electronic form within 48 hours of the end of the activity.

Programs will have the option to use this paper version for tracking onsite if they do not have digital access to the electronic version.