Appendix C – Visitor Questionnaire for Contact Tracing : Field number :
(Max 10 people allowed, including coaches)

Sr. No.	Manager / Coach / Instructor/ Name:	Date:	Time Slot of booking:	Contact Number for Contact Tracing:	Any COVID Symptoms, like Fever, cough or shortness of breath, ***Please write, YES or NO***

Participant Log Sheet:

Sr. No.	Participant Name:	Parent Name:	Contact Number for Contact Tracing	Any COVID Symptoms, like Fever, cough or shortness of breath, ***Please write, YES or NO***