



Malone Civic Center  
64 State Street  
Malone, NY 12953

## COVID-19 SCREENING/ CONTACT TRACING FORM

**Date/Time of Session:** \_\_\_\_\_  
Date Time

**Full Name:** \_\_\_\_\_  
First Name Last Name

**Best Contact Number:** \_\_\_\_\_  
Phone Number

**Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
Street Address Line 2  
\_\_\_\_\_  
City State  
\_\_\_\_\_  
Zip Code

**Please check if you HAVE any of the following:**

\_\_\_ Fever (100.4 F or higher), or Chills? \_\_\_ Nausea/vomiting? \_\_\_ Diarrhea?  
\_\_\_ New cough? \_\_\_ Shortness of breath? \_\_\_ New sore throat?  
\_\_\_ New muscle aches? \_\_\_ New loss of smell or taste? \_\_\_ New headache?

In the last 14 days have you had a positive COVID-19 test? \_\_\_

In the last 14 days have you come in close contact with a confirmed or suspected COVID-19 case? \_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Temperature Recorded by Rink Personnel:** \_\_\_\_\_