

ESSENDON BASEBALL CLUB INC - COVID-19 REPORT AND SUPPORT FORM

Date: _____ Time of call: _____

Club Official's name: _____

Signature: _____

Player's name: _____

Has the player followed recommendations? Y / N

Has the player indicated they will get a medical review? Y / N

Has a call been made to notify the relevant health authority? Y / N

Time and date of call: _____

Follow up call one Date: _____ Time: _____

Notes: _____

Follow up call two Date: _____ Time: _____

Notes: _____

Follow up call three Date: _____ Time: _____

Notes: _____

