

Appendix D: Screening Tool Registry

| Date: | | Facility Name (location): | | |
|------------------------|--|---------------------------|--|--|
| Start Time of Session: | | End Time of Session: | | |
| Safety Rep: | | Phone #: | | |
| SS | Player/Coach Team/Group Name (first, last) | Contact Number | Answered "No" to all screening questions | |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |
| 11. | | | | |
| 12. | | | | |
| 13. | | | | |
| 14. | | | | |
| 15. | | | | |
| 16. | | | | |
| 17. | | | | |
| 18. | | | | |
| 19. | | | | |
| 0. | | | | |
| 20. | | | | |
| 0. | | | | |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 21. | | | | |
| 5. | | | | |