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| COVID-19 CLOSE CONTACT FORM |
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| CLUB NAME: |  |  |  | DATE OF ACTIVIATION |  |  |

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|  |  |  | **COVID-19 TEST** | **SELF-ISOLATION REQUIRED** |  |
|  | **Name** | **Contact Number** |  **Positive**  | **Negative** | **Unknown** | **Yes** | **No** | **Date of return to activity** |
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