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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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