

# PMHA Return to Play Form



Date: \_\_\_\_\_

Participant Name: \_\_\_\_\_

PMHA Team & Division: \_\_\_\_\_

**PMHA recommends using the BC Self Assessment Tool to determine if testing is needed.**

Tested for COVID-19? Yes \_\_\_\_ No \_\_\_\_

a) **If yes**, result of COVID-19 Test? Positive \_\_\_\_ Negative \_\_\_\_

If Positive, date of the positive test result: \_\_\_\_\_

**If Positive**, you must complete/submit the following:

- Inform your Manager ASAP. Your manager will consult with the PMHA COVID Coordinator.
- Complete and Submit the PMHA Return to Play Form.
- Return to play only when symptoms are “substantially resolved”\*.

**If Negative**, you must complete/submit the following:

- Inform your Manager of the negative result.
- Complete and Submit the PMHA Return to Play Form.
- Return to play only when symptoms are “substantially resolved”\*.

b) **If no**, please complete the following:

- Inform you Manager.
- Complete the PMHA Return to Play Form.
- Return to play only when symptoms are “substantially resolved”\*.

\*It is recognized that “substantially resolved” does not necessarily mean free of symptoms, as with any cold or flu, some symptoms (such as cough, lethargy, runny nose, etc.) can linger but that does not mean you are contagious.

I, the undersigned, understand this information must be completed entirely and approved by my team manager prior to being permitted to Return to Play.

Participant (Parent, if participant is a minor)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Managers: Please send completed forms to the PMHA COVID Coordinator**

Last updated: 2022-02-16