



## Cross County Conference Championship Pre-Participation Screening Verification Form

**SCHOOL:** \_\_\_\_\_

By signing below, I am confirming that I am an approved and authorized coach, hired by the above named school district's Board of Education (or similar governing body). I hereby acknowledge that a school approved COVID-19 pre-participation symptom assessment was conducted prior to arrival for members of the above named school's traveling party including, but not limited to, athletes, managers and coaches. Furthermore, by signing below, I am confirming that all members of the above named school's traveling party did meet the requirements of the district approved pre-participation symptom assessment.

The pre-participation symptom assessment conducted before arrival may include, but is not limited to, the following.

- All members of the school's traveling party had a temperature below 100 degrees.
- No member of the school's traveling party has reported a cough, sore throat, or shortness of breath.
- No member of the school's traveling party has experienced any other symptoms associated with COVID-19 including, but not limited to, fever or chills, fatigue, muscle or body aches, headache, new loss of taste or smell, congestion or runny nose, nausea or vomiting, diarrhea (<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>)
- No member of the school's traveling party has had direct or close contact with an individual who has tested positive for COVID-19 within the last fourteen (14) days.
- No public health official, or other medical personnel, have recommended quarantine of any member of the school's traveling party.

\_\_\_\_\_  
Coach's Name (Please Print)

\_\_\_\_\_  
Coach's Signature

\_\_\_\_\_  
Date