



**MIAMI COUNTY CROSS COUNTRY PRE-PARTICIPATION SCREENING**  
**VERIFICATION FORM**

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

By signing below, you are confirming that you are an approved and authorized coach by the above named school district's Board of Education (or similar governing body). You are hereby acknowledging that a COVID-19 self assessment was conducted following your school district's approved protocols and procedures prior to arrival at the event location for each member of your school's traveling party including but not limited to all athletes, managers and coaches. Furthermore, by signing below you are confirming that all members of your traveling party did meet the requirements of your school district's self assessment protocols and procedures for travel and participation.

This self assessment may include but is not limited to the student's temperature being taken and a self assessment of symptoms listed below.

1. All members of our team's traveling party had a temperature below 100.4 degrees.
2. No member of our team's traveling party has reported a cough, sore throat, or shortness of breath.
3. No member of our team's traveling party has experienced any other symptoms associated with Covid-19 including: Fever or chills, Fatigue, Muscle or body aches, Headache, New loss of taste or smell, Congestion or runny nose, Nausea or vomiting, Diarrhea
4. No member of our team's traveling party has had direct or close contact with someone diagnosed with Covid-19 within the last 14 days.
5. No public health official or medical personnel have recommended quarantine of any member of our team's traveling party.

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

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

\_\_\_\_\_  
Date

**PLEASE SUBMIT THIS FORM WHEN PICKING UP  
YOUR TEAM'S PACKET UPON ARRIVAL.**