COACH'S COVID VERIFICATION FORM

COMPETITION	I NAME:		COMPETITION DATE:
DIVISION	BOYS	GIRLS	
HEAD COACH	'S NAME:		
School Athletic recognize the presents to the orders, guidelin	c Association, immediate acti residents of the	along with loo ion necessary e State of Ohio. mendations tha	Ohio Department of Health, the Ohio High cal authorities and meet management, to mitigate the danger that COVID-19 Therefore, let it be known that all current at are in effect at the time of the above plicable.
the time of the representatives Conduct symp Answer the follocompetition site have a cough?, been in contact 3) Stay home questions above	e above indicated of the above-intom self-assessowing questions et a) Do I have a state with anyone wand not enter ete, 4) Wear a fate	ed competition, ndicated particisment prior to a and do a temple a fever of 100 sore throat?, d) ith a confirmed the competition ace covering at	and recommendations that are in effect at all coaches, student-athletes and school ipant school team(s) are expected to: 1) traveling to the competition venue, 2) perature check BEFORE departing for the 4 degrees Fahrenheit or higher?, b) Do I Do I have shortness of breath?, e) Have I case of COVID-19 in the past 2 weeks?, in area if answering YES to any of the ALL times while not engaged in physical and follow their directives.
=	meet persona		difficult for the meet management and aches and captains, all coaches shall
coaching staff orders, guidelir indicated comp	members undenes and recompetition including	er my supervis mendations tha g, but not limit	pest of my knowledge, all contestants and ion are in compliance with any current at are in effect at the time of the above ted to, passing the COVID-19 symptom a covering while not engaging in physical

PLEASE COMPLETE THIS FORM AND RETURN IT IN EXCHANGE FOR YOUR TEAM PACKET WHEN EXITING YOUR BUS.

Coach's Signature: _____ Date: _____