

COACH'S COVID VERIFICATION FORM

COMPETITION NAME: _____ COMPETITION DATE: _____

PARTICIPATING SCHOOL NAME: _____

DIVISION _____ BOYS _____ GIRLS _____

HEAD COACH'S NAME: _____

The Office of the State of Ohio Governor, the Ohio Department of Health, the Ohio High School Athletic Association, along with local authorities and meet management, recognize the immediate action necessary to mitigate the danger that COVID-19 presents to the residents of the State of Ohio. Therefore, let it be known that all current orders, guidelines and recommendations that are in effect at the time of the above indicated competition are to be followed as applicable.

In addition to any current orders, guidelines and recommendations that are in effect at the time of the above indicated competition, all coaches, student-athletes and school representatives of the above-indicated participant school team(s) are expected to: 1) Conduct symptom self-assessment prior to traveling to the competition venue, 2) Answer the following questions and do a temperature check BEFORE departing for the competition site: a) Do I have a fever of 100.4 degrees Fahrenheit or higher?, b) Do I have a cough?, c) Do I have a sore throat?, d) Do I have shortness of breath?, e) Have I been in contact with anyone with a confirmed case of COVID-19 in the past 2 weeks?, 3) Stay home and not enter the competition area if answering YES to any of the questions above, 4) Wear a face covering at ALL times while not engaged in physical exercise, and 5) Be respectful of all event staff and follow their directives.

During the competition that would make it difficult for the meet management and event staff to meet personally with all coaches and captains, all coaches shall agree to the following:

I certify to the meet management that to the best of my knowledge, all contestants and coaching staff members under my supervision are in compliance with any current orders, guidelines and recommendations that are in effect at the time of the above indicated competition including, but not limited to, passing the COVID-19 symptom assessment and are equipped to wear a face covering while not engaging in physical activity. .

Coach's Signature: _____ Date: _____

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