



ATHLETIC PARTICIPATION COVID ASSESSMENT REPORT

**PLEASE COMPLETE, SIGN AND SUBMIT THIS REPORT TO THE
SITE/EVENT MANAGER.**

All athletes and coaches participating in today's event have completed a temperature screen and COVID-19 symptoms assessment prior to participating on this date.

Date: _____

Event: _____

School: _____

Coach (print): _____

Coach's signature: _____

THE INDIVIDUAL SCHOOL SHOULD HAVE A LIST OF PARTICIPANTS READILY AVAILABLE IF NEEDED BY COUNTY HEALTH DEPARTMENT OR MEDICAL PERSONNEL. THE LIST IS TO INCLUDE PARTICIPANT'S NAME, ADDRESS AND TELEPHONE NUMBER.

ALL PARTICIPANTS, INCLUDING COACHES AND TEAM STAFF, ARE EXPECTED TO FOLLOW ALL RECOMMENDED FACE MASK AND SOCIAL DISTANCING PROTOCOLS DURING THE EVENT.