

# Section XI Athletic Team Attestation Screening Form

This form is to be exchanged between head coaches as visiting teams enter the facility of the home school

2020-21

The New York State Department of Health requires a health screening questionnaire to assist in the efforts of preventing the transmittal of COVID-19

## Team Health Screening Assessment Questionnaire

**\*\*Each question pertains to every member of the team including any and all personnel (chaperones, scorekeepers, managers, trainers coaches etc) associated with the team. This form indicates that the team/personnel have been individually screened before the contest at their own school via that schools screening procedure**

1. Has any team member knowingly been in close or proximate contact in the past 14 days with anyone who has tested positive through a diagnostic test for COVID-19 or who has or had symptoms of COVID-19;	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Has any team member tested positive through a diagnostic test for COVID-19 in the past 14 days;	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Has any team member experienced any symptoms of COVID-19, including a temperature of greater than 100.0°F, in the past 14 days; and/or	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Has any team member traveled internationally or from a state with widespread community transmission of COVID-19 per the New York State Travel Advisory in the past 14 days.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Should you report positively to any of the above criteria, you will not be permitted access to the school and will be referred to your private healthcare provider for assessment and testing.

\_\_\_\_\_  
Team Name

\_\_\_\_\_  
/ Signature

[Head coach/or school official]

\_\_\_\_\_  
Date