Section XI Officials Attestation Screening Form

This form is to be given to both head coaches upon arrival to the contest site 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. To that end, prior to the start of each contest, officials will be required to perform self-administered temperature checks and the Health Screening Assessment Questionnaire below.

"Officials" Health Screening Assessment Questionnaire

| [| 1 | Has knowingly been in close or proximate contact in the past 14 | |
|------|-----|---|---------------------------|
| | 1. | days with anyone who has tested positive through a diagnostic test | Yes 🔲 |
| | | for COVID-19 or who has or had symptoms of COVID-19; | No 🗆 |
| | 2. | Has tested positive through a diagnostic test for COVID-19 in the past 14 days; | Yes 🗆 |
| | | | No 🗆 |
| | 3. | Has experienced any symptoms of COVID-19, including a temperature of greater than 100.0°F, in the past 14 days; and/or | Yes 🗆 |
| İ | | | No 🗆 |
| | 4. | community transmission of COVID-19 per the New York State | Yes 🗆 |
| | | Travel Advisory in the past 14 days. | No 🗆 |
| | | report positively to any of the above criteria, you will not be permitted access your private healthcare provider for assessment and testing. | to the school and will be |
| Team | Nan | ne / Signature Date | |
| | | | |