

Section IX Officials Screening Form

Answer all of the questions below prior to entering the school of a Section IX Athletic Event. Completion of the Section IX Health Participation Screening Form must include contact information for contact tracing. All information will be held confidential. ***Print all of the requested information.***

Name: _____ Email: _____

Cell Phone: _____ Event: _____

Event Date: _____ Site: _____ Level: _____

Please answer the following questions and submit completed form to Host Athletic Director or Designee.

Are you experiencing any of the following symptoms: Fever above 100F (37.8C), chills, cough, fatigue, shortness of breath, difficulty breathing, muscle or body aches, sore throat, new loss of taste or smell, headache, congestion, nausea, vomiting or diarrhea?

Required Answer Yes or No.

Have you tested positive for COVID-19 in the past 14 days?

Required Answer Yes or No.

Have you been told to quarantine by a medical professional or Department of Health representative in the last 14 days?

Required Answer Yes or No

Have you traveled in the past 14 days to a US State or Country designated as a high risk area by NYS/Federal Government?

Required Answer Yes or No

Has anyone in your home been infected with the Coronavirus within the past 14 days or currently waiting for results from a COVID - 19 Test?

Required Answer Yes or No

If you answered YES to any of the above questions, you are NOT CLEARED to participate or travel for an interscholastic athletic contest.