

School Name _____ Opponent: _____ Level: _____ Date of Contest: _____

Student Athlete Name	Health Screen (Mark with X)	Pre Trip Temp Scan (Mark with X)	Site Temperature Scan (Mark with X)	Phone	Email
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					

Coach/ Support Personel Name	Health Screen (Mark with X)	Pre Trip Temperature Scan (Mark with X)	Site Temperature Scan (Mark with X)	Phone	Email
1					
2					
3					
4					
5					

Completed Section IX Roster must be submitted to host school Athletic Director or Designee upon arrival.

* Pre Trip Scan to be completed prior to departure from home campus. Post Trip Temperature Scan will be completed at host school.

**Temperature lower than 100 F required for acceptable Temperature Scan.