



Visiting Team Certification Form

School: _____

Sport: _____

Date: _____

This is to certify that our coaches, players, and all individuals in attendance at today's event were screened for Covid-19 symptoms before boarding transportation to the Wilson School District. All individuals in attendance at today's event were found to be symptom free.

Minimum Screening Questions:

1. Do you have a fever (100.0 or higher)/chills?
2. Do you have a cough?
3. Do you have shortness of breath or difficulty breathing?
4. Do you have fatigue or muscle/body aches?
5. Do you have a headache?
6. Do you have a new loss of taste or smell?
7. Do you have a sore throat?
8. Do you have vomiting/diarrhea?
9. Have you been in close contact with anyone who has contracted Covid-19 in the last 14 days?

Attest: _____

(Signature of Visiting Team Designee)

Printed Name: _____

Position: _____