

PIAA POSTSEASON COVID-19 SCREENING FORM

**(TO BE COMPLETED BY THE SCHOOL'S PRINCIPAL,
ATHLETIC DIRECTOR, OR ATHLETIC TRAINER ON THE DAY
OF THE EVENT AND PRESENTED TO THE GAME MANAGER)**

In the last 7 days, have you experienced any of these symptoms that are not attributable to another known medical condition: cough, shortness of breath, or difficulty breathing?

In the last 7 days, have you experienced at least two of the following symptoms?

- Fever (>100.4 or 38.0C) including subjective fever
- Shakes with chills
- Fatigue
- Congestion or runny nose
- New muscle or body aches
- New headache
- New sore throat
- Nausea or vomiting
- Loss of taste or smell
- New diarrhea (Diarrhea: >3 loose or liquid stools/day)

In the last 10 days (or 7 days with a negative test in days 5,6, or 7 and symptom free), have you been in personal contact with someone with suspected or confirmed COVID-19?

If an answer is YES to any of the preceding question, those individuals may not attend, or participate in, today's Contest.

COVID-19 CERTIFICATION - I certify that all coaches, athletes and other persons from my team attending today's Contest have been asked each of the preceding screening questions today and have answered "no" to each question. No person who has answered "yes" to any of the preceding questions has traveled to, and is not participating in, today's Contest.

If local health department regulations or the school's health and safety plan require different protocols, the Principal, Athletic Director or Athletic Trainer are also certifying their team's compliance with those protocols by their signature below.

Signature: _____

Date: _____

Position (check): Principal Athletic Director Athletic Trainer

PIAA POSTSEASON COVID-19 UNIVERSAL FACE COVERING CERTIFICATION

(to be completed prior to the tournament and submitted with the entry form, as applicable. A copy should also be kept on site by the head coach)

GENERAL RULE: The following FAQ is set forth in the Updated Order of the Secretary of the Pennsylvania Department of Health Requiring Universal Face Coverings.

Does the Order apply to athletes and sports activities? Yes. Everyone who participates in sports activities including coaches, athletes (including cheerleaders) and spectators must wear a face covering, such as a mask, unless they fall under an exception in Section 3 of the Order.

Indoors: Coaches, athletes (including cheerleaders), and spectators must wear face coverings, when indoors and where another person or persons who are not members of the individual's household are present in the same space, irrespective of physical distance. This includes while actively engaged in workouts, competition, and on the sidelines, etc.

This masking requirement is mandatory. For that reason, for the PIAA Inter-District Championship Tournament in all sports, PIAA requires all persons affiliated with a team, including those actively participating in a contest (other than swimming) to wear a mask at all times while at a Contest venue. The only exception permitted is for those persons during competition and falling "under an exception in Section 3 of the Order." PIAA will accept a certification from either the Principal or Athletic Director of a school that the school has made a determination that a student qualifies for an exception for participation DURING a Contest. No exception will be accepted for any person while not actually participating in a Contest. Masks must be worn on the sidelines at all times. If a school has determined that an exception is merited for a participant, the following certification must be completed:

CERTIFICATION: I hereby certify that each of the following players qualify for an individual medical exemption, specific to their individual health condition, from wearing a mask during a Contest as per Section 3 in the Updated Order of the Secretary of the Pennsylvania Department of Health Requiring Universal Face Coverings. In particular, I certify that wearing a face covering would either cause a medical condition, or exacerbate an existing one, including respiratory issues that impede breathing, a health condition or a disability for the following student(s):

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTE: Any student and team entering the PIAA Inter-District Championship Tournament consents to participate against students who have been granted an exception certified to through completion of this form by the student's school. A student or team choosing not to participate against any opponent will be required to forfeit that contest. In the sport of wrestling, such forfeiture eliminates the student from further competition in that tournament (see Rule 10-2-5 of the NFHS Wrestling Rules Book).

Name: _____

Date: _____

Position (check): Principal Athletic Director