

**The Catholic Athletic Association  
Coaches' Gameday Affirmation and Representation**

All CAA coaches are required to affirm and represent by their signature that each player and coach for the team has reviewed and can answer YES to each of the following COVID-19 screening statements before play begins on each game day. A copy of this form must be signed before each game and provided to the referee.

**COVID-19 Screening Statements**

- My temperature is below the CDC limit of 100°F/38°C.
- I am not exhibiting any symptoms related to COVID-19 including: new onset of cough or shortness of breath by themselves OR at least two of the following: fever (100°F or higher), chills, muscle pain, sore throat, fatigue, congestion, loss of sense of smell or taste, or gastrointestinal symptoms of diarrhea, vomiting, or nausea.
- I have not had any close contact with someone who has tested positive for COVID-19 in the last 14 days. Close contact is considered being 6 feet or closer for more than 15 minutes or being a member of the same family household as the individual who has tested positive.
- I have not been told to self-isolate or self-quarantine by a public health or medical professional.
- I have not been previously diagnosed with COVID-19 OR if previously diagnosed with COVID-19, I agree that I have had no fever for at least 24 hours without the use of medicine that reduces fevers; **AND** other symptoms have improved (i.e. when cough or shortness of breath have improved); **AND** at least 10 days have passed since symptoms first appeared.
- I have not been previously diagnosed with COVID-19 OR if I have tested positive but did not experience symptoms, I agree that 10 days have passed since the positive test or I have received two negative test results at least 24 hours apart.
- I have not traveled internationally in the past 14 days.

**If a player or coach cannot answer YES to each of the above-listed statements, that player or coach must not attend or participate in today's game.**

By my signature below, I affirm and represent that each player and coach participating in today's game was listed on the team's roster submitted to the CAA, each player is properly equipped, and each player and coach has reviewed the above-listed screening statements AND can answer YES to each statement.

\_\_\_\_\_  
Print school name

\_\_\_\_\_  
Print grade level of the team

\_\_\_\_\_, 2021  
Date

\_\_\_\_\_  
Coach's signature

\_\_\_\_\_  
Coach's printed name: