# Region XIV Athletic Conference Team Travel Roster

## COVID-19 Screening Form - Student-Athletes & Staff

*This form MUST be completed prior to leaving campus and signed by the school's ATC or other designated representative. The travel roster MUST be given to the host administrator or host athletic trainer upon arrival. If not provided to host school, the visiting team may not be allowed to compete.*

**School Name:** _____

**Sport:** _____

**Date:** _____

*All individuals travelling with team must be listed and sign below. If individual is a not a particpating player, put a checkmark on the column marked "Non-Player". Each individual listed is confirming that he/she is not currently experiencing any symptoms indicative of COVID-19 (fever or chills, cough, shortness of breath or difficulty breathing, fatigure, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nasea or vomiting, diarrhea).*

| Name | Non-Player |
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**I attest that the above list of individuals have been symptom screened and temperature checked and such check did not indicate a temp of 100.4 or above for any individual listed.**

***ATC or Desingate Rep Name:*** _____

***Signature:*** _____

***Date:*** _____