SOUTH BAY VOLLEYBALL
COVID CERTIFICATION – REQUIRED DAILY

IF YOUR CHILD FEELS SICK PLEASE KEEP THEM HOME
DO THIS NOT FOR YOURSELF BUT FOR EVERYONE ELSE PLEASE

Please check each box to verify that your child has NOT experienced any of the following symptoms in the last 48 hours / is in compliance with the current CDC / NYS DOH Guidelines

I _____ hereby certify that my child _____
(name of parent) (name of child)

did not experience in the past 48 hours / AND does not currently experience any of the following symptoms:

❏ She does not have a cough
❏ She does not have shortness of breath/difficulty breathing
❏ She does not have chills
❏ She does not have muscle pain
❏ She does not have a headache
❏ She does not have a sore throat
❏ She does not experience any recent loss/change of smell and taste
❏ She does not have diarrhea
❏ She does not feel feverish/she did not measured temperature greater than 100.0 F
❏ She did not have close contact with a person confirmed/suspected to have COVID-19
❏ She did not travel in the last 14 days, either internationally or within the United States to any state on the NYS DOH list of states requiring quarantine for 14 days

_____ _____
Parent Signature Dated

THIS FORM MUST BE SUBMITTED PRIOR TO EVERY EVENT BEFORE ENTERING THE FACILITY