



COVID-19 SYMPTOM FREE CERTIFICATION

By entering Pope John XXIII Regional High School, you affirm that: (a) You have not in the last 14 days had any close contact with anyone who is either confirmed or suspected of being infected with COVID-19, including anyone who was experiencing or displaying any of the known symptoms of COVID-19 (listed below); AND (b) You do not currently experience or display, and you have not in the last 14 days experienced or displayed, any of the following symptoms:

- Elevated temperature or fever of 100.4 F or higher
- Cough
- Chills or shaking
- Shortness of breath and/or difficulty breathing
- Loss of smell and/or taste
- Myalgia (muscle aches)
- Persistent headaches
- Nausea or vomiting
- Diarrhea

____ I have not traveled to one of the identified “Hot Spots” in the past 14 days.

____ I am not waiting for a result from a COVID-19 test.

Parent/Guardian/Spectator Name: _____

Date: _____

Sport/Game Attending: _____

School Affiliation: _____

Parent Signature: _____

Print Name: _____