

NJCAA Indoor Track and Field National Championships

Date of Competition: March 5-6, 2021

Robert W. Plaster Center, Pittsburg State University

Health screening and temperature check forms will be required for all individuals before entry into the facility.

Declaration of Testing for COVID-19

for Men's & Women's Indoor Track and Field

Institution: _____

We hereby certify that the following COVID-19 testing protocols were conducted and the results were obtained according to the requirements from Crawford County, Kansas as outlined below.

REQUIRED TESTING PROTOCOLS:

1. A negative COVID-19 test conducted AFTER Sunday, February 28 at noon. PCR tests preferred. Testing within 72 hours also preferred, when possible.
2. A previous positive COVID-19 illness and recovery within the past 90 days from the meet date.
3. Completed vaccination for COVID-19 - both shots required (if multi-dose vaccine)

DEPARTURE DATE FROM CAMPUS: _____ / _____ / _____

List the total number of tests completed for all Student-Athletes and Personnel attending this meet:

Total Tests: _____

Positive Tests: _____

Negative Tests: _____

Total Tests Missing at Deadline: _____

Date of Testing: _____ / _____ / _____

Total # Exempt from Testing: (due to previous illness or vaccination) _____

By signing and dating this form, you certify that the participating student-athletes, coaches, and team support members have received a COVID-19 test within 96 hours from the start of the practice date and that test results were negative for all individuals who will be attending. An exemption as listed in items #2 or #3 above also qualify. You will continue to monitor symptoms every day, and any individual showing COVID symptoms or have a known COVID exposure must be re-tested. New, updated positive test results will be shared immediately.

This completed form and the attendee log must be returned to Devin Gorman at (dgorman@visitcrawfordcounty.com) before the end of the day on Wednesday, March 3. If necessary, a single document may be requested containing copies of test results, vaccination cards, or proof of previous for ALL individuals attending the meet from your school. All records must be kept for at least 30 days following the event.

Signature-Athletic Director: _____ **Date:** _____ / _____ / _____

Signature-Medical Professional: _____ **Date:** _____ / _____ / _____

