

COVID-19 Positive Case & Quarantine Verification Form

(This form must be completed by both the LEA Superintendent or Designee **AND** the Principal or Designee)

RETURN COMPLETED FORM TO: Caitlin McMannen (caitlin@nchsaa.org)

SCHOOL

CLASSIFICATION

SPORT (*indicate Varsity/JV*)

MEN/WOMEN

CONFERENCE

QUARANTINE DATES: (Full quarantine period issued by local county health department)

We, the undersigned, acknowledge that the school listed above is currently under quarantine due to a positive COVID-19 test. **As a result, the aforementioned team must postpone any scheduled contest during this quarantine period.**

Please list below all opponents impacted by this quarantine:

School Name Date of Contest

School Name Date of Contest

School Name Date of Contest

School Name Date of Contest

School Name Date of Contest

BOTH lines require a signature below:

Superintendent/Designee

Date

Principal/Designee

Date