



Salmon River Central School Preparedness Plan



Member of Section X, NYSPHSAA

Overview:

In accordance with the Franklin County Health Department's guidance for High Risk Sports in conjunction with the NYSDOH guidance, Interim Guidance for Sports and Recreation during the COVID-19 Public Health Emergency ("Interim COVID-19 Guidance for Sports and Recreation") and the NYSPHSAA guidance, Return to Interscholastic Athletics this document will serve as the Preparedness Plan for the Salmon River Central School district. This will serve as the Preparedness Plan for the Sports for the 2020-21 Winter Season.

Salmon River Central School Plan Administrators

Dr. Stanley Harper, Superintendent of Schools

Teresa Van Dunk, HS Principal

Shawn Miller, Athletic Director & Preparedness Plan Administrator

Ben Barkley , Preparedness Plan Coordinator

Dr. William Latreille, Salmon River Central School Medical Director

Xochitl Uribe-Rios, Salmon River High School Nurse

If you have concern related to the sports of basketball, ice hockey, or cheerleading at the Salmon River Central School, please use the following confidential communication means:

- **Phone Number: 518- 358-6615**
- **Email Address: mdustin@srk12.org**

The Preparedness Plan Administrator is responsible for communicating the plan to student-athletes, coaches, parents/guardians, officials, and all other stakeholders.

The Preparedness Plan Coordinator will serve as a point of contact should any cases be identified. Additionally, the Coordinator will facilitate assist with case investigation and contact elicitation and notification.

Salmon River Central School agrees to indemnify and hold harmless Franklin County, its directors, officers, employees, and agents from and against any and all claims, actions, or liabilities of any nature that may be asserted against them by third parties in connection with participation in higher-risk school sports.

Franklin County Return to Play
Section X Athletic Counsel/Section VII Athletic Counsel

Student Athletes Responsibilities

- In accordance with NYSDOH guidance (Interim COVID-19 Guidance for Sports and Recreation) Students must ensure a distance of at least six feet is maintained among individuals at all times, whether indoor or outdoor, unless safety or the core activity (e.g. practicing, playing) requires a shorter distance.
- Student-Athletes will wear appropriate face coverings at all times - this includes prior, during, and after play. Students may alter their mask only to hydrate. When doing so, student athletes will distance six feet.
- Students should tell coaches immediately when they are not feeling well - this includes prior to a practice/contest, during practice/contest, or after a practice/contest
- No hugging, high fives, shaking hands, or fist bumps.
- Students are responsible for their own supplies
- Students should wear their own appropriate workout clothing.
- Student-Athletes will use hand sanitizer prior to practice, and during breaks.
- Students are encouraged to keep their mouth guards in their mouth throughout the competition/ practice, however, if this is not possible, proper disinfection of the mouth guard should be performed prior to reinsertion. Hands should also be washed or disinfected before doing so
- No locker rooms will be allowed for students. Students will need to arrive at school in practice attire.

Coaches Responsibilities

- In accordance with NYSDOH guidance (Interim COVID-19 Guidance for Sports and Recreation), responsible parties must ensure a distance of at least six feet is maintained among individuals at all times, whether indoor or outdoor, unless safety or the core activity (e.g. practicing, playing) requires a shorter distance.
- Coaches must wear a face covering at all times.
- Set clear expectations for student-athletes from day one: this will be done verbally, and with a visual - i.e. information packet.
- Communicate guidelines in a clear and consistent manner to students and parents.
- No hugging, high fives, shaking hands, or fist bumps.
- Keep accurate records of those athletes and staff who attend each practice and game/contest in case contact tracing is needed.
- Coaches should limit game day team/ roster sizes for social distancing purposes.



Athletic Director Responsibilities

- Athletic Directors will inform all coaching staff, custodians, and support staff of the requirements in this document.
- Athletic Directors are responsible for ensuring that the contents of this document are followed and safety is maintained at all times.
- Documentation of each practices' attendance, and game procedures should be collected by said athletic directors.
- Athletic Directors/Superintendents will be in communication with the Director of Public Health to ensure proper adherence to the Franklin County 7-Day Rolling Average protocol.

Screening

- Mandatory health screenings will take place before all practices and contests. This will include both coaching staff and student athletes. Such screenings will include temperature checks, and questions of possible COVID-19 symptoms such as: fever, coughing, diarrhea, excess fatigue, body chills, loss of smell, loss of taste,
- If an individual presents a temperature of greater than 100.0°F, the individual will be denied entry into the facility or sent directly to a dedicated area prior to being picked up by a parent.
- Individuals with a temperature of 100°F or great will require medical clearance to return to school activities. This will be communicated to the parent of the student, or the individual with a fever of 100°F or greater by the school nurse.
- Coaches will notify the Athletic Director immediately when a player or staff member has an elevated fever or other symptoms. Athletic Directors will then facilitate the process.

Salmon River Central School District Tracing Plan

- **Matches and Games**
 - A chaperone will be in attendance to gather tracing information such as who is in attendance (ie. players/coaches of both teams, officials, school officials, school employees working within the area of the match, employees of facilities used by the district for events or games.
 - Information will be provided to the tracing team.
- **Practices or gathering**
 - Coaches will be responsible for keeping a record of every student athlete, coach, and building personnel who are in attendance during the scheduled practice time. No parents or outside people will be allowed at practices.
 - They will keep this information and be able to provide it to the Superintendent, Athletic Director, Medical personnel (ie nurses or school physicians) and the Department of Health.
- Information gathered will be given to the Department of Health for further contact tracing for investigation when requested.



Cleaning and Disinfection

- Regular cleaning and disinfection of the site will be completed by adults. This includes equipment utilized by students.
- Coaches should disinfect equipment - balls, blocking paddles, etc. at the end of each practice.

Pre-Game and Postgame Ceremonies

- No shaking hands during introductions
- Traditional pre-game introductions should be altered to ensure social distancing occurs.
- No post game handshakes.

Spectators

- No spectators will be allowed into school buildings or games at this time.

Testing

- Each student athlete is required to be tested before they are able to tryout/attend first practice
 - Each student would have to have permission from their parent/guardian to have the testing done (see attachment below).
 - If a student does not have permission then they would not be allowed to participate with the team
- All testing would be done by a school's appointed medical staff member
- Information would be stored in the nurse's office to protect HIPAA
- If a Athlete test positive for Covid the entire team would need to be tested before returning to participation

Return to Play Protocol

Criteria to return:

- 14 days have passed since resolution of symptoms without using fever reducing medication
- Athlete was not hospitalized due to COVID-19 infection

Note: If the athlete was hospitalized consider further workup as indicated. May include CXR, Spirometry, PFT's, Chest CT, Cardiology consult.

Return to Play Procedures after COVID-19 infection:

1. Stage 1 (2 Days minimum): Light Activity (walking, jogging, stationary bike) for 15 minutes or less at intensity no greater than 70% of maximum heart rate. NO resistance training.
2. Stage 2 (1 Day minimum): Add simple movement activities (running drills) for 30 minutes or less at intensity no greater than 80% of maximum heart rate.
3. Stage 3 (1 Day minimum): Progress to more complex training for 45 minutes or less at intensity no greater than 80% of maximum heart rate. May add light resistance and simple sport specific training.
4. Stage 4 (2 days minimum): Normal training activity for 60 minutes or less at intensity no greater than 80% of maximum heart rate.
5. Stage 5: Return to full activity.
6. Cleared for Full Participation by School Personnel (Minimum 7 days spent on RTP):



Sports Specific Guidelines**Basketball****General Considerations**

1. Pregame Conference:
 - a. For boys pregame conference: limit attendees to the referee and the head coach from each team with each coach standing on the center circle on each side of the division line.
 - b. GIRLS – For pregame conference, limit attendees to the referee and one athlete per team standing on the center on each side of the division line.
 - c. For pregame conferences, all individuals must maintain a social distance of 6 feet or greater at the center circle. Masks must be worn at all times.
2. Bench Area and Scorers Table Area
 - a. Limit the number of bench personnel to observe social distancing of 6 feet or greater.
 - b. Place team benches opposite the spectator seating area.
 - c. Additional rows may be added to allow bench personnel to observe social distancing of 6 feet or greater.
 - d. Limit contact between players when substituting - six feet should be maintained at all times.
 - e. The host school should sanitize the table before the game and at half time.
 - f. Limit seats at the table to essential personnel which includes home team scorer, timer and shot clock operator with a recommended distance of 6 feet or greater between individuals. Other personnel (visiting scorer, statisticians, media, etc.) are not essential personnel and a separate location will be utilized for them if six feet cannot be maintained at the main table.
 - g. Players should use hand sanitizer when entering the game. This should be done before the game, when entering upon substitution, and when leaving the playing surface.
 - h. Hand sanitizer will be placed on the scorers table for all participants and officials to utilize.
3. Other Game Operations Considerations
 - a. Provide game ball to officials in the locker room where it is sanitized as recommended by the ball manufacturer and not used for warm-ups.
 - b. The host school should ensure that the ball is sanitized during time-outs and between quarters.
 - c. Warm-Up balls will be designated for each team. Do not mix the balls. After warmups the balls will be sanitized for the next warm up round between halves.
 - d. Long-sleeved shirts are permissible.
4. Considerations for Officials
 - a. Officials are responsible for game management, which does not include monitoring activities on the sidelines, such as social distancing, face coverings, hand washing, symptoms of illnesses and other such issues. This monitoring obligation remains with the responsible parties such as coaches and the athletic director.
 - b. Officials are to wear masks at all times.
 - c. Follow social distancing guidelines.



- d. Bring personal hand sanitizer and utilize such prior to enter the court and at breaks. Wash hands before coming out of locker rooms.
- e. Do not share equipment with other officials or players.
- f. Suspend handshakes, fist bumps and similar gestures prior to and following the pregame conference.
- g. Electronic whistles are permissible and encouraged.
- h. Gloves are permissible.
- i. Officials may stand 6 feet or greater away from the player making a throw-in and bounce the ball to that player on a front court throw-in.

Ice Hockey

General Considerations

1. Pregame Conferences

- a. Communicate in advance with hockey rinks on policies, procedures and permitted time frames for practice and competition.
- b. Team Captains need to maintain social distancing when talking to or conferring with a referee. Maintain social distance during the pre-game meeting with captains, head coaches, and officials wearing proper masks.
- c. If available, dressing facilities for game officials and teams should be large enough for them to use social-distancing protocols and should be properly cleaned and sanitized prior to arrival. If facilities are small, teams should be broken up into smaller groups to ensure the safest environment possible. Masks must be worn during changing times, and between periods.
- d. Suspend pregame protocol of shaking hands during introductions/pregame meeting.

2. Bench Area, Penalty Boxes, Scorers Area

- a. Team Benches - Maintain social distancing as much as possible when on the bench.
- b. A travel roster size of 20 must be adhered to.
- c. Workers of Penalty Boxes, Scorers area and other required areas must sign in and be screened prior to helping with the event.
- d. Penalty Boxes are limited to essential personnel and maintain social distancing from personnel and participating players. Penalty Box staff must wear masks at all times.

3. Other Game Operations and Considerations

- a. Face masks - Plastic shields covering the entire face (unless integrated into the face mask, attached on the inside of the face mask, and clear without the presence of any tint) shall not be allowed during the contest.
- b. Tooth and mouth protectors - If mouth guards are removed on the bench area, the athlete should use hand sanitizer each time after touching the mouth guard.
- c. Gloves are permissible for all coaches, team staff and game administration officials
- d. Limit the number of non-essential personnel who are at ice level and near participants throughout the contest.

4. Considerations for Officials:



- a. Officials are responsible for game management, which does not include monitoring activities on the sidelines, such as social distancing, face coverings, hand washing, symptoms of illnesses and other such issues. This monitoring obligation remains with the responsible parties such as coaches and the athletic director.
- b. Officials are to wear masks at all times.
- c. Follow social distancing guidelines.
- d. Bring personal hand sanitizer and utilize such prior to entering the ice and at breaks. Wash hands before coming out of locker rooms.
- e. Do not share equipment with other officials or players.
- f. Suspend handshakes, fist bumps and similar gestures prior to and following the pregame conference.
- g. Electronic whistles are permissible and encouraged.
- h. Gloves are permissible.
- i. Essential off-ice officials should maintain social distancing and wipe down workspace before and after the contest.

Volleyball

General Considerations

1. Pregame Conference

- a. For pre-match conference, participants must all wear masks and each team is allowed one captain to attend.
- b. Suspend handshakes, fist bumps and similar gestures prior to and following the pregame conference.

2. Bench Area and Scorers Table

- a. Players should sanitize hands between sets.
- b. Four (4) game balls should be available throughout the match.
- c. Substitutes may stand directly in front of the team bench, chairs or bleachers. (waiver of NCAA Rule approved by NYSPHSAA Officers 1-25-21)
- d. Substitutes will socially distance while waiting to enter the game.
- e. Teams are recommended to refrain from high fives and other similar celebrations following each point.
- f. Teams should remain on the same bench area throughout the match (waiver of NCAA Rule approved by NYSPHSAA Officers 1-25-21)
- g. Officials Table - Limit essential personnel which includes home team scorer, libero tracker and timer to maintain social distance between individuals. Visiting team personnel (scorer, statisticians, etc.) are not deemed essential personnel and will need to find an alternative location if six feet of social distancing is not applicable. All table help must wear masks.

3. Other Game Operations and Considerations

- a. Warm-Up balls will be designated for each team. Do not mix the balls. After warmups the balls will be sanitized for the next warm up round.
- b. Schools should consider protocols for supplying their own equipment for warm-ups.



- c. Uniform - Long sleeves and long pants are permissible.

4. Considerations for Officials:

- a. Officials are responsible for game management, which does not include monitoring activities on the sidelines, such as social distancing, face coverings, hand washing, symptoms of illnesses and other such issues. This monitoring obligation remains with the responsible parties such as coaches and the athletic director.
- b. Officials are to wear masks at all times.
- c. Follow social distancing guidelines.
- d. Bring personal hand sanitizer and utilize such prior to enter the court and at breaks. Wash hands before coming out of locker rooms.
- e. Do not share equipment with other officials or players.
- f. Suspend handshakes, fist bumps and similar gestures prior to and following the pregame conference.
- g. Electronic whistles are permissible and encouraged.
- h. Gloves are permissible.
- i. Long-sleeved, all-white collared polo shirt/sweater are permissible.

Competitive Cheerleading

General Considerations

- a. Disinfect props following each routine.
- b. Contact the manufacturer about cleaning mats after practices and competitions.
- c. Only one student should use a specific prop during routines.
- d. There shall not be a formal awards ceremony.

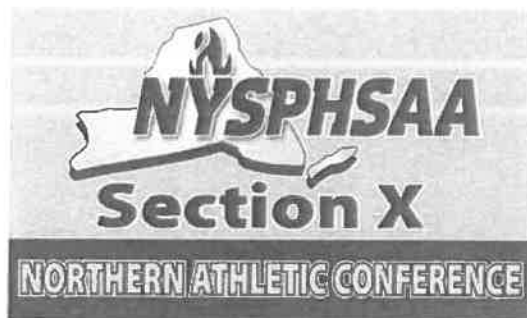
Considerations for Judges:

- A. Judges are responsible for competition management, which does not include monitoring activities at the facility, such as social distancing, face coverings, hand washing, symptoms of illnesses and other such issues. This monitoring obligation remains with the responsible parties.
- B. Bring personal hand sanitizer. Wash hands frequently.
- C. Do not share equipment or devices.
- D. Follow social distancing guidelines:
- E. Judges should be appropriately spaced to ensure proper social distancing.

Game Day Protocols



Section X Contest Guidelines Winter 2020 - 2021



In an effort to bring consistency throughout our member school districts, Section X has developed some best practices for "high risks" interscholastic athletic contests for the Winter season of 2020 - 2021.

1. The Host School shall abide by the district's building plan for Covid 19 screening. Prior to entering the athletic venue, all athletes and support personnel (coaches, administrators, and officials) will be subject to additional temperature check by site personnel.
2. The Visiting School will provide a roster to the Host School of all in attendance with contact information including current phone and email for purposes of contact tracing. The roster will include a box confirming each individual student has answered the Section X health-screening questionnaire and has been temperature scanned prior to departure from their campus (they will be temperature checked again by the Host School before attending the athletic venue).
3. Officials will arrive dressed with completed printed Section X health screening form to be handed in upon arrival. They may be subject to temperature scan prior to entering the venue.
4. Section X Mask Policy is as follows:
 - a. Any Section X contest played at a member school facility will follow that district/section mask policy
 - b. Any Section X contest played at a neutral venue will follow the district/section mask policy.
5. Sanitizing stations will be placed by entry, exits, benches and bathrooms. Personal Protective Equipment (masks, gloves, etc...) will be made available by the host school.



6. Separate entrances and exits will be established (enter one-way, exit another).
7. In an attempt to keep athletic events up and running, no spectators will be permitted until deemed safe and approved by the leagues and section. At this time spectators are **NOT** allowed at high risk events
8. Athletes and coaches will arrive with their own water bottles clearly marked with individual names. Home schools will be required to provide water-refilling stations. Each team is responsible for one designated person to refill the bottles and sanitize their team's refill station (one person only touching the surface of the refill station).
9. An isolation area will be established for anyone developing symptoms during the contest. In the event visiting coaches, athletes or game personnel develop a high temperature of 100 F or greater, that person will be directed to the predetermined isolation area of the home district until a ride home can be secured (parent/guardian etc...)
10. Locker rooms usage is discouraged and should only be used as changing rooms only; teams are encouraged to come dressed for the contest. Personal items will not be stored in the locker rooms. Department of Health capacity guidelines will be followed in regard to student use of changing areas. Changing areas will be supervised by visiting team coaches and home personnel.
11. All shared equipment, scoring tables areas and spaces (benches) will be disinfected prior to and between contests.
12. Athletes should come taped and prepared. Injury to a visiting athlete is first evaluated by their coach. In consideration of social distancing guidelines, if additional medical care is needed, the coach will step away from the athlete and their emergency action plan will be implemented or site personnel to attend to the athlete.
13. Due to current Department of Health recommendations, athletes and coaches must refrain from pre and post-game hugging, high fives, shaking hands or fist bumps.
14. Visiting athletes arriving to a contest separate from the school bus must enter with their team. The visiting coach will be responsible for health screening questionnaire, timely arrival



(entry) with full team and accurate record keeping for all visiting athletes (regardless of method of travel).

15. In extenuating circumstances where an athlete or coach does not enter with the full team, prior arrangements must be made by the visiting Athletic Director with the home Athletic Director to ensure the visiting athlete or coach can be temperature checked (if applicable) then escorted to the proper location.



Supporting Forms

1. Covid-19 student release

<https://documentcloud.adobe.com/link/review?uri=urn:aaid:scds:US:56ec812a-83c5-4d41-9066-d53327d0c589>

2. NYSPHSAA Return to interscholastic Athletics 2020-21 Winter & Fall II edition.

Revised january 25.2021

<https://documentcloud.adobe.com/link/review?uri=urn:aaid:scds:US:13bd29fc-7132-4bb5-91ea-9e8b2ad720ec>

3. Franklin County Covid -19 testing release form example

https://drive.google.com/file/d/1dJnfZ8zsHKOzq_Wp84RPKscHn8SkhYel/view?usp=sharing



Section X COVID-19 - School Activities Student Permission Form, Release and Hold Harmless

In consideration of _____ (NAME OF STUDENT) (hereinafter "Student") being allowed to attend and participate in-person in _____ (NAME OF SCHOOL) (hereinafter "School") school related activities (hereinafter "Activities"), to include but not limited to educational, co-curricular, and extracurricular programs, the undersigned acknowledges and agrees that:

1. The risk to have contact with individuals, who have been exposed to and/or have been diagnosed with one or more communicable diseases, including but not limited to Corona Virus Disease (hereinafter "COVID-19") or other medical conditions, diseases, or maladies does exist, and, despite School's good faith implementation of the New York's Department of Education's recommended health, hygiene, and social distancing best practices, it is impossible to eliminate the risk that Student might be exposed to and/or become infected through contact with or close proximity with an individual with a communicable disease. Risk from contracting such communicable disease might include, illness, permanent disability, or death.

2. COVID-19 is a new disease and there is limited information regarding risk factors for severe disease. Based on currently available information and clinical expertise, **older adults and people of any age who have serious underlying medical conditions** might be at higher risk for severe illness from COVID-19.

Based on Center for Disease Control (hereinafter "CDC") guidance, those at high-risk for severe illness from COVID-19 are: people 65 years and older; people who live in a nursing home or long-term facility.

Those at severe risk also include people of all ages with underlying medical conditions, particularly if not well controlled, including, but not limited to: chronic lung disease or moderate to severe asthma; serious heart conditions; those who are immunocompromised (many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications); severe obesity (body mass index [BMI] of 40 or higher); diabetes; chronic kidney disease undergoing dialysis; and, liver disease.

3. By signing below the undersigned acknowledges that Student does not have an underlying medical condition, as referenced herein, or that if Student has such underlying medical condition that the undersigned will first obtain written permission from a licensed healthcare professional prior to Student attending or participating in School Activities, which written approval will be provided to School in advance of attendance or participation.

4. People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus**. People with these symptoms may have COVID-19: cough; shortness of breath or difficulty breathing; fever of 100.4 degrees Fahrenheit or above; chills; muscle pain; sore throat; new loss of taste or smell. This list is not all possible symptoms. Other less common symptoms have been reported, including gastrointestinal symptoms like nausea, vomiting, or diarrhea.

5. Student will not attend School Activities and Student or Student's parent or guardian will notify School officials if Student currently has symptoms or have been in contact with anyone with a confirmed COVID-19 diagnosis in the last 14 days.

6. If Student has been diagnosed with COVID-19. Student will not attend or participate in School Activities until they have received written medical approval from a licensed health care professional, which approval will be provided to School prior to Student's attendance.

7. Student will not attend or participate in School Activities if they are subject to state or federal government directed quarantine or isolation.

8. School retains the right to deny Student's attendance or participation in School Activities, if School determines that such attendance or participation is an undue health risk to Student or others. School similarly has the right to deny any other individual from attending School Activities if said individual's attendance poses an undue health risk to that individual or others.

STUDENT'S INITIALS _____

PARENT OR LEGAL GUARDIAN'S INITIALS _____

9. THE UNDERSIGNED KNOWINGLY AND FREELY ASSUMES ALL SUCH RISKS for Student's attendance or participation in School Activities.

10. The undersigned agrees that the undersigned and Student will comply with any safety or health related rules, terms, or conditions for participation in School Activities.

11. If Student or Student's parent or legal guardian observe any unusual, significant hazard during their presence or participation in School Activities, Student or Student's parent or guardian will remove Student from participation and bring such observation to the attention of the nearest School employee.

After fully and carefully considering all the potential risks involved, I hereby assume the same and agree to release and hold-harmless _____ School District
and its employees, officers, agents, contractors and vendors from and against, all claims and liability resulting from exposure to disease-causing organisms and objects, such as COVID-19, associated with Student participating in School Activities, to include, but not limited to educational, co-curricular, or extracurricular programs.

Date _____

Printed Name of Student _____

Signature of Student _____

Printed Name of Student's Parent or Legal Guardian _____

Signature of Student's Parent or Legal Guardian _____

Salmon River Central School District

NYSED Interval Health History for Athletics- Both pages must be completed.

Student Name:		DOB:	
School Name:		Age:	
Grade (check): <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12		Level (check): <input type="checkbox"/> Modified <input type="checkbox"/> Fresh <input type="checkbox"/> JV <input type="checkbox"/> Varsity	
Sport:		Limitations: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of last health exam:		Date form completed:	

Health History to Be Completed by Parent/Guardian, Provide Details to Any Yes Answers on Back.

Medicines needed at practice and/or athletic event require the proper paperwork, contact school with questions.

Has/Does your child:		
General Health Concerns	No	Yes
1. Ever been restricted by a health care provider from sports participation for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have an ongoing medical condition? <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures <input type="checkbox"/> Sickle Cell trait or disease <input type="checkbox"/> Other		
3. Ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>
4. Ever spent the night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>
5. Been diagnosed with Mononucleosis within the last month?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have only one functioning kidney?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have a bleeding disorder?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have any problems with his/her hearing or wears hearing aid(s)?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have any problems with his/her vision or has vision in only one eye?	<input type="checkbox"/>	<input type="checkbox"/>
10. Wear glasses or contacts?	<input type="checkbox"/>	<input type="checkbox"/>
Allergies		
11. Have a life-threatening allergy? Check any that apply: <input type="checkbox"/> Food <input type="checkbox"/> Insect Bite <input type="checkbox"/> Latex <input type="checkbox"/> Medicine <input type="checkbox"/> Pollen <input type="checkbox"/> Other		
12. Carry an epinephrine auto-injector?	<input type="checkbox"/>	<input type="checkbox"/>
Breathing (Respiratory) Health		
13. Ever complained of getting more tired or short of breath than his/her friends during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
14. Wheeze or cough frequently during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
15. Ever been told by a health care provider they have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
16. Use or carry an inhaler or nebulizer?	<input type="checkbox"/>	<input type="checkbox"/>

Has/Does your child:		
Concussion/ Head Injury History	No	Yes
17. Ever had a hit to the head that caused headache, dizziness, nausea, confusion, or been told he/she had a concussion?	<input type="checkbox"/>	<input type="checkbox"/>
18. Ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>
19. Ever had headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
20. Ever had any unexplained seizures?	<input type="checkbox"/>	<input type="checkbox"/>
21. Currently receive treatment for a seizure disorder or epilepsy?	<input type="checkbox"/>	<input type="checkbox"/>
Devices/Accommodations		
22. Use a brace, orthotic, or other device?	<input type="checkbox"/>	<input type="checkbox"/>
23. Have any special devices or prostheses (insulin pump, glucose sensor, ostomy bag, etc.)? If yes, there may be need for another required form to be filled out.	<input type="checkbox"/>	<input type="checkbox"/>
24. Wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
Family History		
25. Have any relative who's been diagnosed with a heart condition, such as a murmur, developed hypertrophic cardiomyopathy, Marfan Syndrome, Brugada Syndrome, right ventricular cardiomyopathy, long QT or short QT syndrome, or catecholaminergic polymorphic ventricular tachycardia?	<input type="checkbox"/>	<input type="checkbox"/>
Females Only		
26. Begun having her period?	<input type="checkbox"/>	<input type="checkbox"/>
27. Age periods began:	<input type="checkbox"/>	<input type="checkbox"/>
28. Have regular periods?	<input type="checkbox"/>	<input type="checkbox"/>
29. Date of last menstrual period:	<input type="checkbox"/>	<input type="checkbox"/>
Males Only		
30. Have only one testicle?	<input type="checkbox"/>	<input type="checkbox"/>
31. Have groin pain or a bulge or hernia in the groin?	<input type="checkbox"/>	<input type="checkbox"/>

Student Name: _____

School Name: _____

DOB: _____

Has/Does your child:

Heart Health		No	Yes
32.	Ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
33.	Ever complained of light headedness or dizziness during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
34.	Ever complained of chest pain, tightness or pressure during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
35.	Ever complained of fluttering in their chest, skipped beats, or their heart racing, or does he/she have a pacemaker?	<input type="checkbox"/>	<input type="checkbox"/>
36.	Ever had a test by a health care provider for his/her heart (e.g. EKG, echocardiogram stress	<input type="checkbox"/>	<input type="checkbox"/>
37.	Ever been told they have a heart condition or problem by a health care provider? If so, check all that apply: <input type="checkbox"/> Heart infection <input type="checkbox"/> Heart Murmur <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Low Blood Pressure <input type="checkbox"/> High Cholesterol <input type="checkbox"/> Kawasaki Disease <input type="checkbox"/> Other: _____		
Injury History		No	Yes
38.	Ever been diagnosed with a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>

Has/Does your child:

Injury History continued		No	Yes
39.	Ever been unable to move his/her arms and legs, or had tingling, numbness, or weakness after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
40.	Ever had an injury, pain, or swelling of joint that caused him/her to miss practice or a game?	<input type="checkbox"/>	<input type="checkbox"/>
41.	Have a bone, muscle, or joint injury that bothers him/her?	<input type="checkbox"/>	<input type="checkbox"/>
42.	Have joints become painful, swollen, warm, or red with use?	<input type="checkbox"/>	<input type="checkbox"/>
Skin Health		No	Yes
43.	Currently have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
44.	Have had a herpes or MRSA skin infections?	<input type="checkbox"/>	<input type="checkbox"/>
Stomach Health		No	Yes
45.	Ever become ill while exercising in hot weather?	<input type="checkbox"/>	<input type="checkbox"/>
46.	Have a special diet or need to avoid certain foods?	<input type="checkbox"/>	<input type="checkbox"/>
47.	Have to worry about his/her weight	<input type="checkbox"/>	<input type="checkbox"/>
48.	Have stomach problems?	<input type="checkbox"/>	<input type="checkbox"/>
49.	Ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>

COVID-19 Information

	No	Yes
50. Has your child ever tested positive for COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
51. Was your child symptomatic?	<input type="checkbox"/>	<input type="checkbox"/>
52. Did your child see a healthcare provider (HCP) for their COVID-19 symptoms?	<input type="checkbox"/>	<input type="checkbox"/>
53. Did your child have any cardiac symptoms (new fast or slow heart rate, chest tightness or pain, blood pressure changes, or HCP diagnosed cardiac condition)? If yes, please provide additional information.	<input type="checkbox"/>	<input type="checkbox"/>
54. Was your child hospitalized? If yes, provide date(s)	<input type="checkbox"/>	<input type="checkbox"/>
If yes, was your child diagnosed with Multisystem Inflammatory syndrome (MISC)?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is your child under a HCP's care for this?	<input type="checkbox"/>	<input type="checkbox"/>

Please explain fully any question you answered yes to in the space below, include dates if known. Use additional pages if necessary.

Parent/Guardian Signature: _____ Date: _____



Franklin County Public Health Services

355 West Main Street, Malone NY 12953

518-481-1710

CLIA# 33D2014626 PFI S957

NPI#: 1417032251



Public Health
Prevent. Promote. Protect.

SARS-CoV-2 Test

Provider: Craig Richards D.O NPI#: 1568447993

FCPHS LSL Affiliate Site: Salmon River Central School District

Address: 637 County Route 1

Fort Covington, NY 12937

Abbott Binax NOW COVID-19 Ag Card SARS-CoV-2 Nasal Swab

Patient Information:

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ Age: _____ Phone#: _____

Home Address: _____

City: _____ State: _____ Zip: _____ County: _____

Gender: _____ Race: _____ Ethnicity: ☐ Hispanic/Latino ☐ Not Hispanic/Latino

Pregnant: _____ Postpartum: _____

Employer Name: _____

Work Address: _____

Employer Phone Number: _____

Job Title: _____

School Affiliate/School Volunteer Only:

☐ Attend School ☐ Work at School ☐ Volunteers at School

Level:

☐ Elementary ☐ Secondary ☐ Post-Secondary/Higher Education

School Name: _____ School Location: _____

District: _____ Code: _____

School Job: _____

Was individual at school in the past seven (7) days ☐ Yes ☐ No

X: Katie/Binax NOW Covid

Informed Consent for COVID-19 Testing

Please carefully read the following informed consent:

- a) I authorize this COVID-19 testing unit to conduct collection and testing for COVID-19 through a nasal swab, as ordered by an authorized medical provider or public health official.
- b) I authorize my test results to be disclosed to the county, state, or to any other governmental entity as may be required by law.
- c) I acknowledge that a positive test result is an indication that I must continue to self-isolate in an effort to avoid infecting others.
- d) I understand that I am not creating a patient relationship with Franklin County Public Health Services by participating in testing. I understand the testing unit is not acting as my medical provider. Testing does not replace treatment by my medical provider. I assume complete and full responsibility to take appropriate action with regards to my test results. I agree I will seek medical advice, care and treatment from my medical provider if I have questions or concerns or if my condition worsens.
- e) I understand that, as with any medical test, there is the potential for false positive or false negative test results.
- f) I, undersigned, have been informed about the test purpose, procedures, possible benefits and risks. I have been given the opportunity to ask questions before I sign, and I have been told that I can ask other questions at any time. I voluntarily agree to be tested for COVID-19.

Patient/Guardian Signature: _____ Date: _____

Relationship to Patient: _____

Symptoms: _____

Date Specimen Collected: _____

Test Results

Date: _____ ☐ Negative ☐ Positive

Accession Number: _____

(First three letters of last name AND first two letters of first name)

Test Result Entry into ECLRS database

Name: _____

Date: _____ Time: _____

Section X Athletics Participation Screening Form

Athletes, Coaches and all visiting personnel participating in a Section X Athletic Contest must answer all of the questions below prior to entering the bus and traveling to host school for an athletic contest. Completion of the Section X Health Participation Screening Form will be documented on a roster checklist and handed to the site coordinator or designee at the host school.

To be read by a coach or designee and answered individually by each person traveling to all contests.

Are you experiencing any of the following symptoms:

Fever above 100°F (37.8°C), chills, cough, fatigue, shortness of breath, difficulty breathing, muscle or body aches, sore throat, new loss of taste or smell, headache, congestion, nausea, vomiting or diarrhea?

Required Answer Yes or No.

Have you tested positive for COVID-19 in the past 14 days?

Required Answer Yes or No.

Have you been told to quarantine by a medical professional or Department of Health representative in the last 14 days?

Required Answer Yes or No

Have you traveled in the past 14 days to a US State or Country designated as a high risk area by NYS/Federal Government?

Required Answer Yes or No

Has anyone in your home been infected with the Coronavirus within the past 14 days or currently waiting for results from a COVID - 19 Test?

Required Answer Yes or No

*If you answered YES to any of the above questions, you are **NOT CLEARED** to participate or travel for an interscholastic athletic contest.*

Section X Officials Screening Form

Answer all of the questions below prior to entering the school of a Section X Athletic Event.

Completion of the Section X Health Participation Screening

Form must include contact information for contact tracing.

All information will be held confidential. ***Print all of the requested information.***

Name: _____ Email: _____

Cell Phone: _____ Event: _____

Event Date: _____ Site: Level: _____

Please answer the following questions and submit completed form to Host Athletic Director or Designee.

Are you experiencing any of the following symptoms: Fever above 100°F (37.8°C), chills, cough, fatigue, shortness of breath, difficulty breathing, muscle or body aches, sore throat, new loss of taste or smell, headache, congestion, nausea, vomiting or diarrhea?

Required Answer Yes or No.

Have you tested positive for COVID-19 in the past 14 days?

Required Answer Yes or No.

Have you been told to quarantine by a medical professional or Department of Health representative in the last 14 days?

Required Answer Yes or No

Have you traveled in the past 14 days to a US State or Country designated as a high risk area by NYS/Federal Government?

Required Answer Yes or No

Has anyone in your home been infected with the Coronavirus within the past 14 days or currently waiting for results from a COVID - 19 Test?

Required Answer Yes or No

If you answered YES to any of the above questions, you are NOT CLEARED to participate or travel for an interscholastic athletic contest.

NYS DOH is adopting the CDC guidance and recommends that for persons with COVID-19 illness recovering at home (or other home-like setting, such as a hotel), maintain isolation for at least 10 days after illness onset and at least 3 days (72 hours) after recovery.

*o Illness onset is defined as the date symptoms began.
o Recovery is defined as resolution of fever without the use of fever-reducing medications, with progressive improvement or resolution of other symptoms.*

School Name		Opponent:				Level:	Date of Contest:
Student Athlete Name	Transport <i>B-Bus</i> or <i>P-Private</i>	Health Screen (Mark with X)	Pre-Trip Temp Scan (Mark with X)	Site Temperature Scan (Mark with X)	Phone	Email	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
Coach/ Support Personnel Name	Transport <i>B-Bus</i> or <i>P-Private</i>	Health Screen (Mark with X)	Pre-Trip Temp Scan (Mark with X)	Site Temp Scan (Mark with X)	Phone	Email	
1							
2							
3							
4							
5							
Completed Section X Roster must be submitted to host school Athletic Director or Designee upon arrival (all athletes/ coaches enter together).							
* Pre Trip Scan to be completed prior to departure from home campus. Post Trip Temperature Scan will be completed at host school.							
**Temperature lower than 100 F required for acceptable Temperature Scan.							