



**COVID-19 ATTESTATION FORM FOR NON-CONFERENCE CONTESTS**

Non-Conference Institution:

Sport:

Date(s) of Competition:

Location of Competition:

The Director of Athletics or Sport Administrator and the Team Physician or Head Athletic Trainer must complete this document and exchange with the opposing team the day of a contest, at least two hours before the contest begins. The institution must also forward a copy to Bobby Weygand at the Conference office ([bweygand@theamerican.org](mailto:bweygand@theamerican.org)) by 5:00 p.m. CT the day prior to competition.

By signing and dating this form, you attest that your institution has satisfied the policy requirements outlined below:

- a. Everyone in the travel party entering the competition venue has been tested once using a molecular PCR diagnostic test within the past three (3) days in accordance with the Conference's COVID-19 Medical Advisory Group protocols, and all tests have been negative.
  - i. Date of molecular PCR test:
- b. Upon date and time of signature, no member of the competition group has developed symptoms that might indicate an infection of SARS-CoV-2 between the time the most recent test was collected and the beginning of the contest.
- c. Only travel party members who test negative will be allowed to participate in the event. A lost test, or an indeterminate test, will be considered a positive test for travel purposes additionally everyone in the travel party entering the competition venue must be screened in accordance with the Conference's protocols on the day of the competition. All individuals must have been screened negative and have a temperature less than 100.4 degrees Fahrenheit.
- d. No member of the student-athletes, coaches or staff have been identified as being a close contact to another individual who has tested positive in the past 14 days.
- e. In the event a member of the travel party becomes symptomatic or has a positive test for SARS-CoV2 in the 48 hours after a contest, the non-conference institution will contact the AAC institution and Conference office as soon as reasonably able and the same day they are notified of the result.

**Director of Athletics or Sport Administrator**

Signature

Print or type name

Date/Time

**Team Physician or Head Athletic Trainer**

Signature

Print or type name

Date/Time