

# INTEGRITY VOLLEYBALL COVID REPORTING FOR PLAYERS/COACHES/STAFF

Updated 1-9-21

COMPLETE and return this form to [info@integrityvbc.com](mailto:info@integrityvbc.com) and [askoontzivbc@gmail.com](mailto:askoontzivbc@gmail.com)

If a player has COVID, we require that they COMPLETE and return this form to [info@integrityvbc.com](mailto:info@integrityvbc.com) and [askoontzivbc@gmail.com](mailto:askoontzivbc@gmail.com) This should be done as soon as you discover COVID is positive or probable. Please let you coach know as well and that you have reported to as well as the coach. Then you must update the form with the information at the bottom when you are requesting to return to play.

**Player Name** \_\_\_\_\_  
**Team Name/Coach** \_\_\_\_\_  
**School** \_\_\_\_\_  
**Last Date at Integrity VB** \_\_\_\_\_  
**Date of Test – if applicable** \_\_\_\_\_  
**Date Symptoms began** \_\_\_\_\_

According to the CDC, if you have had COVID and had symptoms, you can be around others after:

- 10 days since symptoms first appeared AND
- 24 hours with no fever without the use of fever-reducing medications AND
- Other Symptoms of COVID are improving.

*(\*Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation.)*

## REPORT THE FOLLOWING INFORMATION WHEN YOU ARE REQUESTING TO RETURN TO INTEGRITY BASED ON CDC GUIDELINES ABOVE.

Date when player had no fever without fever reducing meds \_\_\_\_\_

Are symptoms improving \_\_\_\_\_

Date requested to return \_\_\_\_\_

### **For office use only....**

Date Submitted \_\_\_\_\_  
Date Approved \_\_\_\_\_  
Director Approval \_\_\_\_\_