



Sporting Arkansas Soccer Club
1706 S Walton Blvd, Ste 1853
Bentonville, AR 72712
www.SportingArkansas.com

COVID-19 Self-Certification to Return to Play

Complete 1. or 2. as it applies to you and/or your child:

1. _____ Have self quarantined for _____ days as required by the ADH directive.

2. _____ COVID-19 positive test and:
 - a. Have had no fever for at least three days without taking medication to reduce fever during that time. Date of last fever of 100.4 degrees or higher:

 - b. Respiratory symptoms (cough and shortness of breath) have improved. Date respiratory symptoms began improving: _____ (write N/A if no symptoms present)
 - c. At least ten days have passed since my fever and/or respiratory symptoms began. Date fever and/or respiratory symptoms began: _____

Child's Name: _____

Parent Name: _____

Parent Signature: _____

Today's date: _____

Date returned to Play: _____

DOC Approval: _____