

UNIONTOWN AREA

ATHLETIC DEPARTMENT



205 Wilson Ave.
Uniontown, PA 15401

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To: Athletic Director

Re: Uniontown Game Day Covid-19 Certification

I _____ (Head Coach)
certify, to the best of my ability, that my entire team and
staff have been screened. They display no COVID-19
symptoms at this time and answered no to the following
questions:

1. Have you had close contact with anyone being tested for COVID-19?
2. Are any members of your household in quarantine for COVID-19?
3. Have you traveled outside the US in the past 14 days?

Sport: _____

Date: _____

Opponent: _____

Location: _____

Game Time: _____

Head Coach

Signature: _____

DJ Burns

Administrative Athletic Director