

Rochester Mountain Bike Team – Proof of Rapid Covid Test



The purpose of this form is to confirm that the student athlete received a BinaxNOW Rapid Antigen Test. If the adult completing this form has any questions, please email Coach Brady at bcrites@rcs-k12.us.

Date of test: _____ Testing location: _____

Name of **student athlete** receiving the rapid test: _____

Name of **adult** administering the rapid test: _____

What is the adult’s role? (Mark one with ‘X’)

- ___ Head Coach
- ___ Support Coach
- ___ Athletic Director
- ___ Athletic Trainer
- ___ Health Care Professional
- ___ Other: _____

Did this student test negative for Covid-19? (Circle one): Yes / No

Initials of adult who administered the test: _____

-----Cut here-----

Rochester Mountain Bike Team – Proof of Rapid Covid Test



The purpose of this form is to confirm that the student athlete received a BinaxNOW Rapid Antigen Test. If the adult completing this form has any questions, please email Coach Brady at bcrites@rcs-k12.us.

Date of test: _____ Testing location: _____

Name of **student athlete** receiving the rapid test: _____

Name of **adult** administering the rapid test: _____

What is the adult’s role? (Mark one with ‘X’)

- ___ Head Coach
- ___ Support Coach
- ___ Athletic Director
- ___ Athletic Trainer
- ___ Health Care Professional
- ___ Other: _____

Did this student test negative for Covid-19? (Circle one): Yes / No

Initials of adult who administered the test: _____