



Newport-Mesa

Unified School District

NEWPORT-MESA HIGH SCHOOL ATHLETICS – COVID TESTING FOR ATHLETES & COACHES

Beginning Friday, February 26, 2021

Aligned with guidelines from the California Department of Public Health (CDPH) released on February 19, 2021, Newport-Mesa Unified School District High Schools will be implementing approved guidelines for athletic practices and competition. The Outdoor and Indoor Youth and Recreation Adult Sports Guidance strongly encourages testing for athletics engaged in outdoor moderate and high-contact sports when playing in the red and purple tiers. Weekly COVID-19 testing will be required for water polo, football players and coaches while operating in the red and purple tiers, if the adjusted case rates for the county are between 14-7 per 100,000.

- Weekly PCR testing will be made available at Newport-Mesa high schools for athletes and coaches through Xpress Urgent Care. Athletes and coaches will need to bring the required forms and documents with them to each weekly test date.
- COVID-19 tests administered at-home will not be accepted.
- Athletes and coaches will NOT be allowed to participate in practice or competitive play, if they fail to provide verification of a weekly NEGATIVE antigen or PCR test.
- All results should be sent to the school nurse. The school nurse will then notify the coach and athletic director the athletes that have a negative test so they can participate in their sport that week.
- Athletes and coaches who have been infected with COVID-19 are eligible to be exempt from weekly testing for 90 days from the infection date unless symptoms develop. To be exempt from weekly testing, verification of infection must be provided to your school's nurse. *The health information for the athletes will be stored in the student's health record located in the school nurse's office. The coach's health information will also be stored in that office.*

For COVID-19 Testing at Newport-Mesa High Schools, the following documents are required upon arrival:

- **(Student Only) [Completed Xpress Urgent Care COVID-19 History Form](#) (Only 1 copy needed)**
- **(Student Only) [Permission to Test](#) (2 copies needed)**
- **(Student Only) Insurance Card (Front & Back) & Parent/Guardian Driver's License** (The Driver's License MUST match the insurance card)

- **(Coach Only) [Completed Xpress Urgent Care COVID-History Form](#) (Only 1 copy needed)**
- **(Coach Only) [Permission to Test](#) (2 copies needed)**
- **(Coach Only) Insurance Card (Front & Back) & Driver's License** (The Driver's License MUST match the insurance card)

ADDITIONAL INFORMATION

- Athletes/Coaches will be tested for COVID-19 with a nasal swab. They will NOT be charged for Covid Testing since the CARES Act requires insurance companies to pay for testing. Families will not be charged even if they have not reached their insurance deductible. Health insurance companies in the State of California

are required to cover the full cost and not forward any expense onto the insured member. (Athletes and coaches without insurance will be tested and not be charged.)

- Results will be sent to the email address (parent's email for students) provided from results@foundationlaboratory.com. The PDF is password protected.
- If parent/guardian is notified of a positive test result, they should notify the school's nurse immediately.
- As previously stated, the health information for the athletes will be stored in the student's health record located in the school nurse's office. The coach's health information will also be stored in that office.
- Athletes and Coaches must wear a face mask. Do not take your face masks off while in line. When stepping forward for the nasal swab, slightly lower your mask below your nose. Make sure your mouth is still covered by the mask.
- Testing for COVID is a "Snapshot" in time. According to the Centers for Disease Control and Prevention (CDC), "The estimated incubation period is between 2 and 14 days with a median of 5 days. It is important to note that some people become infected and do not develop any symptoms or feel unwell."
- If an athlete/coach tests positive, one of the Xpress Urgent Care providers will call to discuss the results and isolation/quarantine guidelines . We encourage all individuals who test positive to follow directions set forth by the CDC and the Orange County Department of Public Health (OCDPH). The Orange County Health Care Agency (OCHCA) will be notified of the positive results.



XPRESS URGENT CARE
WALK IN CLINIC

Permission to Test for Covid

Lab test requested by Zaid Noman, MD Diagnostic Code:Z20.828

TWO COPIES NEEDED. DO NOT STAPLE ANYTHING TO THIS PAGE.

A. Student's Information:

Child's Name: _____
LAST NAME FIRST NAME DOB (MM/DD/YYYY)

Parent's Name: _____
LAST NAME FIRST NAME DOB (MM/DD/YYYY)

Address: _____ City: _____ Zip: _____

Birth Gender (circle one) M F Phone#: _____

Email: _____ Ethnicity: _____

B. Bill test to: ___ Insurance ___ No Insurance

Medical Insurance: _____
(Anthem, Blue Shield, Kaiser, Healthnet, United Healthcare, etc.)

Medical Group: _____
(Prospect, Healthcare Partners, Monarch, Regal, LA Care, etc.)

Insurance# _____

Group# _____

Provide two copies of your Photo ID and the front and back of your insurance card. DON'T STAPLE

School Name: _____

C. Requester Authorization:

I agree to allow my child to be tested for Covid-19 infection (Corona Virus) test

Printed Name: _____

Signature*: _____ Date*: _____

YOUR RESULTS WILL BE AVAILABLE WITHIN 48-72 HOURS. PLEASE REGISTER AT [LabCorp Patient Portal](#) TO RECEIVE A TEXT/EMAIL WHEN YOUR RESULTS ARE READY. IF YOU HAVE QUESTIONS, EMAIL RESULTS@XURGENTCARE.COM WITH YOUR FULL NAME AND DOB.



XPRESS URGENT CARE
WALK IN CLINIC

COVID History form (Pediatric)

A. Student's Information:

1 Name: Last: _____ First: _____ Middle: _____

2. Date of Birth: ____/____/____

3. Birth Gender: Male Female

B. Student's Current Symptoms:

1. CURRENTLY has fever/chills Yes No
2. CURRENTLY have shortness of breath Yes No (IF YES PLEASE CALL 911 OR GO TO ER)
3. CURRENTLY has cough Yes No
4. CURRENTLY has chest pain Yes No (IF YES PLEASE CALL 911 or GO TO ER)
5. New onset loss of taste or smell Yes No
6. Body aches Yes No
7. Nasal congestion, sore throat, runny nose Yes No
8. Other current symptoms : _____

C. Student's Active Medical Conditions:

1. Asthma/COPD Yes No
2. Diabetes Yes No
3. Cancer Yes No
4. Autoimmune disease Yes No
5. Heart Disease Yes No
6. Other Chronic Medical Conditions: _____

C. Medications Student takes daily:

Student is currently **not** on any medications

Student's list of medications are : _____

G. Medication student is allergic to

Student has no known medication allergies

Student is allergic to these medications: _____

C. Student's Social History:

Student lives with : Parent(s) Grandparent(s) Other: _____

Grade level : Elementary Middle High School

By placing my signature below, I hereby certify that the information I provided above about the student is true and correct.

Parent's Name: _____

Signature: _____ Date: ____/____/____