COVID-19 Questionnaire

Name of Student: ____________________________________________ Date: _____________________

Parent/Guardian Cell: ____________________________________________ Sport: ______________

COVID-19 Questions:  

Has your son/daughter been diagnosed with Coronavirus (COVID-19)?  

* If diagnosed with Coronavirus (COVID-19), was your son/daughter symptomatic?  

* If diagnosed with Coronavirus (COVID-19), was your son/daughter hospitalized?  

Has any member of the student-athlete’s household been diagnosed with Coronavirus (COVID-19)?  

Please Circle One  

YES  NO

YES  NO

YES  NO

YES  NO

Signature of Parent/Guardian: ____________________________________________

To participate in workouts during the summer recess period, the parent/guardian must complete this form. This form only needs to be completed one time, within 7 days of the start of your child’s participation.