

NEW JERSEY STATE INTERSCHOLASTIC ATHLETIC ASSOCIATION

1161 Route 130 North, Robbinsville, NJ 08691-1104

Phone 609-259-2776 ~ Fax 609-259-3047

COVID-19 Questionnaire

Name of Student: _____ Date: _____

Parent/Guardian Cell: _____ Sport: _____

COVID-19 Questions:

Please Circle One

- | | | |
|---|-----|----|
| Has your son/daughter been diagnosed with Coronavirus (COVID-19)? | YES | NO |
| • If diagnosed with Coronavirus (COVID-19), was your son/daughter symptomatic? | YES | NO |
| • If diagnosed with Coronavirus (COVID-19), was your son/daughter hospitalized? | YES | NO |
| Has any member of the student-athlete's household been diagnosed with Coronavirus (COVID-19)? | 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.