

# NEW JERSEY STATE INTERSCHOLASTIC ATHLETIC ASSOCIATION

1161 Route 130 North, Robbinsville, NJ 08691-1104

## 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. This is a recommended template for the COVID-19 Questionnaire. Districts can determine the best means (electronic or paper) and platform (Survey Monkey, Microsoft Teams, Google Docs etc.) to administer the questionnaire.