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

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.