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?
  - 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.