**PRE-PARTICIPATION COVID-19**

**Supplemental Questions for Student’s Physical**

Student History

1.Has your child or adolescent been diagnosed with COVID-19?

Yes No

2.Was your child or adolescent hospitalized as a result for complications of COVID-19?

Yes No

3.Has your child or adolescent been diagnosed with Multi-inflammatory Syndrome in Children?

Yes No

4.Has your child or adolescent had direct known exposure to someone diagnosed with COVID-19?

Yes No

**Please address any “yes” answers to the above questions here:**

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Name of Student Athlete: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: