

PRE-PARTICIPATION COVID-19

Supplemental Questions for Student's Physical

This form should be completed by the student's physician at the time of a 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 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:
