

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:
