

Passaic County Vocational Schools Athletic Department

COVID-19 Questionnaire

Name of Student: _____ Date: _____

Parent/Guardian Cell: _____ Sport: _____

COVID-19 Questions:

Please Circle One

Has your son/daughter been diagnosed with Coronavirus (COVID-19)? **YES** **NO**

• 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 but must be signed by a parent/guardian and must be completed seven (7) days prior to the start of summer recess conditioning/training.