

COVID-19 Supplemental Questionnaire

Student Name: _____

This questionnaire is required to be completed and signed by the student and a parent/guardian just prior to and in addition to your Athletic Pre-Participation Physical Clearance to participate.

The Physician administering your physical must also complete the appropriate section as well as review your provided Health History and completion of the remainder of your physical prior to participation.

YES NO - Have you been diagnosed with or tested positive for COVID-19 infection?

Have you had any of the following symptoms in the previous 2 weeks?

YES NO - Fever (100.4 Deg. Fahrenheit or higher)

YES NO - Cough

YES NO - Shortness of breath or difficulty breathing

YES NO - Shaking / chills

YES NO - Chest pain, pressure, or tightness with exercise

YES NO - Fatigue or difficulty with exercise

YES NO - Racing heart rate

YES NO - Unexplained dizziness

YES NO - Loss of taste or smell

YES NO - Sore throat

YES NO - Nausea, vomiting, or diarrhea

YES NO - Unexplained rash or painful discoloration of fingers or toes

YES NO - Do you have a family or household member with diagnosed current or past COVID-19?

YES NO - Do you have moderate to severe asthma, a heart condition, diabetes, chronic kidney or liver disease, or take medication or have a medical condition that weakens your immune system.

By signing below I state that to the best of my knowledge, the answers to the above are complete and correct. I understand that a failure to provide truthful responses currently and in the future concerning this matter could subject the signers in question to penalties determined by both VVUHSD and local health departments.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

{To Be Completed by the Pre-Participation Physical Examining Physician:}

I certify that I have on this date reviewed and discussed the above Covid 19 Supplemental Questionnaire with the student named above. Their statements combined with the standard Pre-Participation Physical attached indicates there is no information that this student is currently suffering from Covid 19. Further testing is not currently indicated.

Physician Signature: _____ Date: _____