

NEW JERSEY STATE INTERSCHOLASTIC ATHLETIC ASSOCIATION

1161 Route 130 North, Robbinsville, NJ 08691-1104

Phone 609-259-2776 ~ Fax 609-259-3047

COVID-19 Questionnaire

Name of Student: _____

Date: _____

Grade: _____

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

If you answered YES to any of the above questions, you MUST provide (attach) a clearance note from a physician.

Signature of Parent/Guardian: _____

*The New Jersey State Interscholastic Athletic Association (NJSIAA) requires physician clearance before participating in team workouts, conditioning sessions, practices and games for the above listed concerns. To review the NJSIAA's complete guidelines please visit www.NJSIAA.org

To participate in workouts, summer recess, fall sports, winter sports, spring sports, marching band, the parent/guardian must complete this form before each season.