

Student Name:

ID #:

**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:
