



NEW JERSEY STATE INTERSCHOLASTIC ATHLETIC ASSOCIATION

1161 Route 130 North, Robbinsville, NJ 08691-1104 Phone 609-259-2776 ~ Fax 609-259-3047

MILLBURN HIGH SCHOOL ATHLETIC DEPARTMENT

462 Millburn Ave, Millburn, NJ 07041 Phone 973-564-7130 ext 10010

COVID-19 Questionnaire

Name of Student: _____ Date: _____

Parent/Guardian Cell: _____ Sport: _____

COVID-19 Questions:

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: _____ Date: _____

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. Please hand in this form with the appropriate Health History Update.

All student athletes with pre-existing medical conditions should consult with an MD or DO before they participate in summer workouts. Student athletes with pre-existing medical conditions should consult with a doctor and obtain further clearance before they can participate in Summer Workouts (asthma, diabetes, immunocompromised, etc.)