

PARENT COVID-19 CLEARANCE FORM

Please complete this form and provide a Physician's clearance note to participate in sports if COVID was diagnosed after the athlete's last physical.

COVID-19 Questions	Yes	No
Was your child symptomatic?		
Did your child see a healthcare provider (HCP) for their COVID-19 symptoms?		
Did your child have any cardiac symptoms (new fast or slow heart rate, chest tightness or pain, blood pressure changes, or HCP diagnosed cardiac condition)? If yes, please provide additional information. _____		
Was your child hospitalized? If yes, provide date(s)? _____		
If yes, was your child diagnosed with Multisystem Inflammatory syndrome (MISC)?		
If yes, is your child under an HCP's care for this?		

Student's Name: _____

Date: _____

Parent Signature: _____