



COVID-19 QUESTIONNAIRE

As per New Jersey State Interscholastic Athletic Association guidelines in order 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.

Student Name: _____

Student Grade Level (circle one) 9 10 11 12

Parent /Guardian Cell Phone _____

Sport: _____

Has your son/daughter been diagnosed with COVID-19? (circle one) 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



STATE OF NEW JERSEY
DEPARTMENT OF EDUCATION

A Agency from the New Jersey Department of Education

Date: June 17, 2020
To: Chief School Administrators, Charter School and Renaissance School Project Leads, Administrators of Nonpublic Schools, and Administrators of Approved Private Schools for Students with Disabilities
Route To: Principals, School Nurses, Athletic Directors, Athletic Trainers
From: AbdulSaleem Hasan, Assistant Commissioner
Division of Field Services

Updates to the Health History Update Questionnaire

This memo serves to advise all districts, charter schools, renaissance school projects, nonpublic schools, and approved private schools for students with disabilities that the Health History Update Questionnaire has been updated to include 2019 Novel Coronavirus (COVID-19) related-questions.

Pursuant to *N.J.S.A. 18A:40-41.7(b)*, the Health History Update Questionnaire is to be completed and signed by a student-athlete's parent or guardian when the student-athlete's last physical examination was completed more than ninety (90) days prior to the first day of official practice in an athletic season. Once completed, the Health History Update Questionnaire shall be reviewed by the school nurse and, if applicable, the school athletic trainer. Pursuant to *N.J.S.A. 18A:40-4*, if an answer to a question on the Health History Update Questionnaire is yes, the certified school nurse and school physician (or other designated medical professional) shall determine whether additional medical attention and/or further evaluation is necessary.

The updated Health History Update Questionnaire can be found on the Department's [Scholastic Student-Athlete Safety Act webpage](#).

Contact Information

If you have any questions, please contact the Office of Student Support Services at healthyschools@doe.nj.gov.

c: Members, State Board of Education
Lamont O. Repollet, Ed.D., Commissioner
NJDOE Staff
Statewide Parent Advocacy Network
Garden State Coalition of Schools
NJ LEE Group

**New Jersey Department of Education
Health History Update Questionnaire**

Name of School: _____

To participate on a school-sponsored interscholastic or intramural athletic team or squad, each student whose physical examination was completed more than 90 days prior to the first day of official practice shall provide a health history update questionnaire completed and signed by the student, parent or guardian.

Student: _____ Age: _____ Grade: _____

Date of Last Physical Examination: _____ Sport: _____

Since the last pre-participation physical examination, has your son/daughter:

1. Been medically advised not to participate in a sport? Yes No

If yes, describe in detail:

2. Sustained a concussion, been unconscious or lost memory from a blow to the head? Yes No

If yes, explain in detail:

3. Broken a bone or sprained/strained/dislocated any muscle or joints? Yes No

If yes, describe in detail:

4. Fainted or "blacked out?" Yes No

If yes, was this during or immediately after exercise?

5. Experienced chest pains, shortness of breath or "racing heart?" Yes No

If yes, explain

6. Has there been a recent history of fatigue and unusual tiredness? Yes No

7. Been hospitalized or had to go to the emergency room? Yes No

If yes, explain in detail

8. Since the last physical examination, has there been a sudden death in the family or has any member of the family under age 50 had a heart attack or "heart trouble?" Yes No

9. Started or stopped taking any over-the-counter or prescribed medications? Yes No

10. 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

11. Has any member of the student-athlete's household been diagnosed with Coronavirus (COVID-19)? Yes No

Date: _____ Signature of parent/guardian: _____

Please Return Completed Form to the School Nurse's Office