
2021 COVID Questionnaire for Physicals

For:

Who is completing this form?

- I am a Participant I am the Parent/Guardian

Covid-19 and Exercise Questionnaire

Please complete the following based on your personal history with Covid-19 and symptoms. In addition, you will be required to complete the requested work-up, a sports physical, prior to move-ins.

Select which option describes your experience with COVID-19. Complete the requested work up, listed in ALL CAPS, and be prepared to submit paperwork prior to move-ins

- Within the last 12-18 months I was diagnosed with COVID-19 or had COVID-19 symptoms. Currently I still have symptoms with exertion and exercise not limited to but including: chest pain; chest tightness; shortness of breath. **IN ADDITION TO COMPLETING YOUR SPORTS PHYSICAL YOU MUST BE SEEN BY A CARDIOLOGIST FOR CLEARANCE PRIOR TO PARTICIPATING.**
- Within the last 12-18 months I was diagnosed with COVID-19 or had COVID-19 symptoms. I have recovered and I do not have any chest pain; shortness of breath; or any cardiopulmonary symptoms with exertion and exercise. **COMPLETE SPORTS PHYSICAL PAPERWORK WITH YOUR PRIMARY CARE PHYSICIAN.**
- Within the last 12-18 months I never had any COVID-19 symptoms and I was never diagnosed with COVID-19. I do not have any chest pain; shortness of breath; or any cardiopulmonary symptoms with exertion and exercise. **COMPLETE SPORTS PHYSICAL PAPERWORK WITH YOUR PRIMARY CARE PHYSICIAN.**

ACKNOWLEDGEMENT

By signing below I attest to having read and understood all instructions of this Covid-19 questionnaire.

Yes, this form is complete and accurate to the best of my knowledge.

Signature _____

Date _____