

**Lawrence High School**  
2525 Princeton Pike  
Lawrenceville, New Jersey 08648

**COVID-19 Questionnaire**

Name of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Cell: \_\_\_\_\_ Sport: \_\_\_\_\_

**COVID-19 Questions:**

**Please Circle One**

Has your son/daughter been diagnosed with Coronavirus (COVID-19)?	<b>YES</b>	<b>NO</b>
• If diagnosed with Coronavirus (COVID-19), was your son/daughter symptomatic?	<b>YES</b>	<b>NO</b>
• If diagnosed with Coronavirus (COVID-19), was your son/daughter hospitalized?	<b>YES</b>	<b>NO</b>
Has any member of the student-athlete's household been diagnosed with Coronavirus (COVID-19)?	<b>YES</b>	<b>NO</b>

Signature of Parent/Guardian: \_\_\_\_\_

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.