



## Student-Athlete COVID Questionnaire

Student-Athlete's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

COVID RELATED QUESTIONS ABOUT THE STUDENT-ATHLETE	YES	NO	NA
1. Since January 1, 2020 have you been told that you have had a positive test for COVID-19, <b>OR</b> have you been told by a medical professional, your school, or local health department that you have had to quarantine (stay home) due to concern that you had COVID-19 symptoms?			
2. If the answer to 1 was "Yes", has the NCISAA <i>Gradual Return to Play Protocol post COVID-19 Infection</i> completed and signed off by a physician?			
3. Have you been fully vaccinated against COVID?			