



Post COVID-19 Sports/Physical Activity Clearance Form Affirmation

Please complete this form for your child to participate in physical education classes, physical activities and sports after testing COVID-19 positive. We recommend you consult with your health care provider.

Child's Full Name: _____ D.O.B: _____

Child's School _____ Child's Grade: _____

	Yes	No
Does your child participate in interscholastic sports?		
Is your child experiencing shortness of breath?		
Is your child experiencing palpitations/fluttering of the heart?		
Is your child experiencing lightheadedness/fainting?		
Is your child experiencing chest pain?		

I attest that the above named student has isolated for five days from on set of symptoms or positive test, and I understand that the above named student must be masked at all times for 10 days after regardless of competing in sports and physical activity.

Signature of Parent/Guardian

Today's Date

By submitting this form and signing/typing my full name below, I affirm that the above information is accurate and my child can fully participate in sports and physical activities.

Signature of Parent/Guardian

Today's Date