COVID-19 History and Clearance Form

Please complete

Print Student Full Name	Date of Birth
Print Parent or Guardian Name	Parent Cell
Parent Email	

Check and complete all that apply to your child since **January 1, 2020.**

☐ My child had close contact with a person with suspected or confirmed COVID-19 or coronavirus disease.

Please explain _____

☐ My child had one or more symptoms of COVID-19 or coronavirus disease as defined by the CDC. Circle all that apply:

Fever or Chills	Cough	Shortness of breath	Difficulty Breathing
Fatigue	Muscle or body aches	Headache	Loss of Taste or Smell
Sore throat	Congestion or runny nose	Nausea or vomiting	Diarrhea

Date of onset _____ Duration of symptoms _____

☐ My child was evaluated by a physician due to these symptoms.

Date of evaluation _____ Diagnosis by physician _____

☐ My child was tested for COVID-19.

☐ My child was instructed to quarantine at home due to suspected or confirmed COVID-19 or coronavirus disease.

Date of quarantine _____ Date of release from quarantine _____

☐ My child was hospitalized for treatment of suspected or confirmed COVID-19 or coronavirus disease.

☐ My child has recovered from suspected or confirmed COVID-19 or coronavirus disease.

☐ My child has been cleared by the treating physician and/or by his or her pediatrician to resume athletic activity.

☐ I have attached documentation from the physician indicating that my child has recovered from COVID-19 or coronavirus disease and that explains any limitations or recommendations for physical activity.

Please initial each statement and sign below

_____ I have watched the online video "Infection Prevention for COVID-19: An Illustrated Summary" with my child. The video can be accessed at https://covid.yale.edu/media-player/5105/.

_____ I authorize school officials to exchange information related to the information on this form with such health care providers and public health officials as they deem necessary in the execution of their duties and in adherence to federal, state, and local policies.

Print Parent Name _____

Parent Signature _____ Date _____