



Sports Physical Questionnaire

Date: _____

Patient Name: _____ DOB: _____

Mobile Phone: _____

PLEASE INDICATE THE REASON FOR TODAY'S VISIT

- Sports Physical
- Camp Physical
- Post COVID-19 Sports Clearance

PRESCREEN QUESTIONS

	No	Yes	Unknown
1. Has your child tested positive for COVID-19 in the last 6 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Did your child have greater than 4 days mild symptoms or moderate to severe symptoms during their infection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answered yes to either question then it will be necessary for you to take your child to their Primary Care Provider for their sports physical and their Post Covid-19 Clearance Form.

We apologize for any inconvenience. Due to the increased risk associated with physical activity in children who have had Covid-19, clearing them for sports is beyond our scope of practice.

Your child may need a EKG and even a Cardiology referral before they can be cleared. It is in your child's best interest to have this done by their Primary Care Provider.

X

Signature of Parent or Legal Guardian

Date