

Additional Clearance for Athletes During COVID-19

Pursuant to the NJSIAA Return to Play Guidelines for athletes, all student athletes with a pre-existing condition or who have answered YES on any question in the COVID-19 health history update form must have additional clearance from their physician to return to participation.

You are receiving this form to follow through on those guidelines.

Student Athlete Name: _____ **DOB:** _____

The student athlete has the following:

☐ Asthma ☐ Diabetes ☐ Heart Condition

☐ Other Pre-existing condition documented here:

☐ Answered yes on COVID-19 Questionnaire

This athlete is:

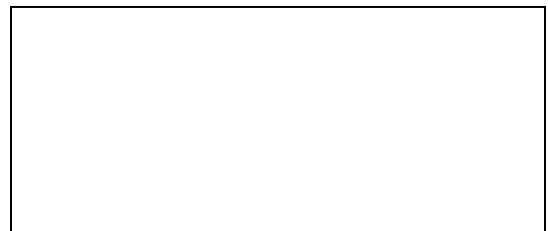
☐ Cleared for return during COVID-19 with no further recommendations

☐ Cleared for return during COVID-19 with the following

recommendations: _____

☐ Not Cleared for return during COVID-19

Physician Signature



Physician Stamp