



JAMES CALDWELL HIGH SCHOOL
Department of Athletics and Physical Education
West Caldwell, N.J. 07006

Dan Romano
Director of Athletics and
Supervisor of Secondary Education

973-226-5941
dromano@cwboe.org
@CWCJCHSCHIEFS

COVID-19 Health Update Questionnaire

Student-Athlete's Name: _____

- Has your son/daughter been diagnosed with COVID-19 Yes No
 - If “yes”, when were they diagnosed? _____
 - If diagnosed with COVID-19, was your son/daughter symptomatic? Yes No
 - If symptomatic for how many days? 1 2 3 4+
 - If symptomatic please check off which of the following signs and/or symptoms they presented with.

○ Temperature of 100.0 or greater	○ New loss of sense of taste or smell
○ Chills	○ Sore throat
○ Headache	○ Congestion or runny nose
○ Cough	○ Nausea
○ Shortness of breath	○ Vomiting
○ Fatigue and/or body aches	○ Diarrhea
 - If diagnosed with COVID-19, was your son/daughter hospitalized? Yes No
- Has any member of the student-athlete's household been diagnosed with COVID-19? Yes No
 - If “yes”, when were they diagnosed? _____

Signature of parent/guardian: _____ Date: _____