

COVID-19 Supplemental Form— (To be completed by the participant or parent/guardian/caregiver)



Date Form is completed (dd/mm/yyyy): _____

Participant First & Last Name: _____

Participant Date of Birth (dd/mm/yyyy): _____

DELEGATION: _____

COVID DIAGNOSIS

Have you had COVID-19 (tested positive or diagnosed with COVID-19)? No Yes

If yes, when (list month and year)? Month: _____ Year: _____

If yes, did you have symptoms? No or Mild Symptoms Moderate Symptoms to Severe (e.g. Admitted to the Hospital)

Did a healthcare professional re-clear you to compete in sports after your diagnosis? No Yes

NOTE: Individuals with moderate to severe symptoms and complications from COVID are at risk for long-term cardiac effects. Additional clearance from a healthcare provider is necessary after recovery from COVID and prior to sports participation.

COVID VACCINE

Have you had both/all doses of the COVID-19 vaccine? No Yes Only 1 dose so far

If yes, when (list month and year of final dose): Month: _____ Year: _____

NOTE: At this time, this information is just for planning purposes, not for qualification for Games. These questions may be asked again closer to the time of Games.