

**BLACK RIVER**  
**MIDDLE SCHOOL**  
EXCELLENCE IN EDUCATION

If you responded “yes” to any question on the **Covid-19 Questionnaire** document, the following is required BEFORE being able to participate in any sports tryout or practice. *Must be completed by a physician.*  
(As recommended by the NJSIAA)

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Confirmed Past Infection (Positive test):**

**Please Circle One**

Is the student suffering from persistent Covid-19 Symptoms?

**Yes          No**

**Household Contact with a positive test OR Student with a medical condition putting him/her at risk of severe disease:**

Did the student experience Covid-19 like symptoms before, during or following the household contact’s illness?

**Yes          No**

Does the student currently have any Covid-19 symptoms?

**Yes          No**

\_\_\_\_\_ This student **is cleared** to participate in school sponsored athletics.

\_\_\_\_\_ This student is being referred for further evaluation and **may NOT** participate in athletics until cleared.

Physician/APN/PA Name \_\_\_\_\_ Date: \_\_\_\_\_

Physician’s signature: \_\_\_\_\_