



**KENTUCKY HIGH SCHOOL ATHLETIC ASSOCIATION
SUPPLEMENTAL PRE-PARTICIPATION EXAM
QUESTIONNAIRE RELATED TO COVID-19 AND
THE CORONAVIRUS**

KHSAA Form PPE02
SUPPLEMENTAL PAGE
Rev.07/21
Page 1 of 1

INCOMPLETE OR ILLEGIBLE FORMS WILL BE RETURNED WITHOUT PROCESSING.

Information Needed	Please complete the information below to provide to your health card provider
Student Name	

THE FOLLOWING INFORMATION IS TO BE COMPLETED BY THE STUDENT AND FAMILY

Information Needed	Completed by the student and family	
Name of School		
1 Has this student ever been diagnosed with COVID-19 or had a positive test for it?	YES	NO
2 If the answer to Question 1 is "Yes," please give the approximate date of the positive test or diagnosis?		
3 If the answer to Question 1 is "Yes," did the student participate later in the school year in other organized sports or sport-activities?	YES	NO
4 If the answer to Question 1 is "Yes," then it should be considered by the health care provider and parents that the pre-participation physical and return to play protocol be completed by an MD or DO following the KHSAA's Return-to-Play Guidelines for COVID-19 positive student-athletes, which can be found at the following link: https://bit.ly/2SQDOxm	YES	NO
Print Name of Person Signing this Form		
Date	Signature	Daytime Phone

PARENT/CUSTODIAL FAMILY SIGNATURES AND CERTIFICATIONS

I attest that the information provided is accurate.	
Student Signature	
Print Name of Student Signing	
Custodial Parent Signature	
Print Name of Person Signing	
Date	

