

Winslow Township Athletics

Athletic Director
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Athletic Trainer
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School Nurse
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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 Daily Questionnaire** or **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 conditions are documented here:

Answered **yes** on COVID-19 Daily Questionnaire or Health History-Update

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 until

Physician Signature

Physician Stamp

DATE: _____

