

# Happy & Healthy Pediatrics

Pediatric, Adolescent, & Breastfeeding Medicine



## Covid Back to Sports/Gym Questionnaire:

Name \_\_\_\_\_

DOB \_\_\_\_\_

Onset of symptoms of covid or positive Covid test date: \_\_\_\_\_

1. When your child had covid, were they asymptomatic/had mild symptoms (fever > 100.4 F for less than 4 days and less than 1 week of muscle pain, chills, lethargy, or fatigue). Yes \_\_\_\_\_ No \_\_\_\_\_
2. During or after your child had covid, did they experience any; chest pain, discomfort, tightness, pressure related to exertion, shortness of breath, new onset palpitations, or syncope (fainting) Yes \_\_\_\_\_ No \_\_\_\_\_
3. Has your child had any previous testing for the heart, ordered by a physician? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, please explain \_\_\_\_\_
4. Is there any family history of premature death (sudden and unexpected or otherwise) before 50 years of age attributable to heart disease in  $\geq 1$  relative? Yes \_\_\_\_\_ No \_\_\_\_\_
5. Is there any family history of early coronary disease or a heart attack (myocardial infarction) before 50 years of age in  $\geq 1$  relative? Yes \_\_\_\_\_ No \_\_\_\_\_
6. Is your child a competitive athlete? Yes \_\_\_\_\_ No \_\_\_\_\_
7. Has your child had full resolution of symptoms (if they had symptoms initially)? Yes \_\_\_\_\_ No \_\_\_\_\_
8. Has your child completed defined isolation? Yes \_\_\_\_\_ No \_\_\_\_\_

As the parent of \_\_\_\_\_ I attest that all of the information is accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_