

COVID-19 Return to Play Form

If an athlete has tested positive for COVID-19, he/she must be cleared for progression back to activity by an approved health care provider (MD/DO/PAC/CRNP)

Athlete's Name: _____ DOB: _____ Date of Positive Test: _____

THIS RETURN TO PLAY IS BASED ON TODAY'S EVALUATION

Date of Evaluation: _____

Criteria to return (Please check below as applies)

- 14 days have passed since resolution of symptoms
- No new symptoms ie: (No fever ($\geq 100.4F$) for 24 hours without fever reducing medication, improvement of symptoms (cough, shortness of breath)
- Athlete was not hospitalized due to COVID-19 infection.
- Cardiac screen negative for myocarditis/myocardial ischemia (All answers below must be no)

Chest pain/tightness with exercise YES NO

Unexplained Syncope/near syncope YES NO

Unexplained/excessive dyspnea/fatigue w/exertion YES NO

New palpitations YES NO

Heart murmur on exam YES NO

NOTE: If any cardiac screening question is positive or if athlete was hospitalized, consider further workup as indicated. May include CXR, Spirometry, PFTs, Chest CT, Cardiology Consult

____ Athlete HAS satisfied the above criteria and IS cleared to start the return to activity progression

____ Athlete HAS NOT satisfied the above criteria and IS NOT cleared to return to activity

Medical Office Information (Please Print/Stamp):

Evaluator's Name: _____ Office Phone: _____

Evaluator's Address: _____

Evaluator's Signature: _____

Return to Play (RTP) Procedures after COVID-19 Infection

Athletes must complete the progression below without development of chest pain, chest tightness, palpitations, lightheadedness, pre-syncope or syncope. If these symptoms develop, patient should be referred back to the evaluating provider who signed the form.

• **Stage 1: (2 Days Minimum)** Light Activity (Walking, Jogging, Stationary Bike) for 15 minutes or less at intensity no greater than 70% of maximum heart rate. NO resistance training.

Date _____ Date _____

• **Stage 2: (1 Day Minimum)** Add simple movement activities (EG. running drills) for 30 minutes or less at intensity no greater than 80% of maximum heart rate

Date _____

• **Stage 3: (1 Day Minimum)** Progress to more complex training for 45 minutes or less at intensity no greater than 80% maximum heart rate. May add light resistance training.

Date _____

• **Stage 4: (2 Days Minimum)** Normal Training Activity for 60 minutes or less at intensity no greater than 80% maximum heart rate

Date _____

• **Stage 5: Return to full activity**

Date _____

Cleared for Full Participation by School Personnel (Minimum 7 days spent on RTP):

Name _____ Title _____ Date _____