

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/ARNP).

Athlete's Name: _____

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INITIAL EVALUATION

- Athlete has tested positive but is asymptomatic or has mild symptoms (mild to no fever and symptoms < 3 days). Athlete **HAS** satisfied medical clearance and **IS** cleared to return to participation following the guidelines outlined below under the supervision of the athletic trainer/head coach.
- Athlete has tested positive and has experienced moderate symptoms (prolonged fever and bed rest but no hospitalization). Athlete **HAS NOT** satisfied medical clearance and **IS NOT** cleared to return to activity until further cardiac examination and medical clearance are obtained. **See ADDITIONAL CLEARANCE section.**

Health Care Provider's Signature: _____ Office Phone: _____

OFFICE STAMP:

Date of Exam: _____

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ADDITIONAL CLEARANCE

- Athlete has cleared additional cardiac clearance and **IS CLEARED** to return to participation following the guidelines outlined below under the supervision of the athletic trainer/head coach.
- Athlete **HAS NOT** cleared the additional cardiac clearance and should not return to participation at this time due to:

Cardiology Signature: _____ Office Phone: _____

OFFICE STAMP:

Date of Exam: _____

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

Athletes must complete the progression below without developing chest pain, chest tightness, palpitations, lightheadedness, pre-syncope or syncope. If these symptoms develop, the athlete should remain in that Stage until symptoms resolve. Prolonged symptoms experienced by the athlete should be referred back to the approved health care provider who signed the form.

- **Stage 1: (1 Day Minimum)** Light Activity (Walking, Jogging, Stationary Bike) for 15 minutes or less. NO resistance training.
- **Stage 2: (1 Day Minimum)** Add simple movement activities (i.e., running drills) for 30 minutes.
- **Stage 3: (1 Day Minimum)** Progress to more complex training for 45 minutes or less. May add light resistance training.
- **Stage 4: (1 Day Minimum)** Normal Training Activity for 60 minutes or less.
- **Stage 5: Return to full activity**

Cleared for Full Participation by School Personnel (Minimum 5 days spent on RTP): _____
School Personnel Signature and Date

I give permission for my student athlete to return to practice/competition. _____
Parent Signature *Date*