## COVID19 Return to Play Form

If an athlete had 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	es Name: DOB: I	Date of	f positive test:			
	THIS RETURN TO PLAY IS BASED ON TODAY'S EV	ALUATIO	N			
CRITER	IA TO RETURN (PLEASE CHECK BELOW AS APPLIES)					
	10 days or more have passed since first symptoms appeared or positive test					
	Symptoms have resolved (no fever [less than 100.4F] for 7 days without the aid of fever reducing medication, improvement of other symptoms).					
	Athlete was not hospitalized due to COVID-19 infection.					
	Athlete had mild infection (viral URI symptoms)					
	No cardiopulmonary symptoms are present with activities of daily living					
	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 with exertion	YES		NO		
	New palpitations	YES		NO		
	Heart murmur on exam	YES		NO		
Note: I	F any cardiac screening question is positive, or the athlete had m	oderate	e illness	(defined	l by	

Note: IF any cardiac screening question is positive, or the athlete had moderate illness (defined by persistent fever (>100.4F), persistent fatigue (>7 days), pneumonia or shortness of breath, or clinical concern warrants, then further workup may be indicated. May include EKG, troponin, echo, CXR, PFT's, spirometry, CT chest, cardiac MRI or 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 start the return to activity.

Medical Office Information (please print/stamp):

Evaluator's Name:	Office phone:
Evaluator's Address:	
Evaluator's Signature:	

\*\*\*\* SEE BACK SIDE FOR RETURN TO PLAY PROTOCOL if applicable\*\*\*\*

□This student DOES NOT need to complete a gradual return to play

□This student DOES need to complete a gradual return to play

## **RETURN TO PLAY (RTP) PROCEDURES AFTER COVID-19 INFECTION**

Athletes must complete the progression below without development of dizziness, difficulty breathing, chest pain/pressure, decreased exercise tolerance, and fainting. 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.

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

**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.

**Stage 4 (2 days minimum):** Normal training activity for 60 minutes or less at intensity no greater than 80% maximum heart rate.

Stage 5: (1 day minimum): Return to full activity for at least one practice session.

Cleared for full participation by school personnel (minimum 7 days spent on RTP)