



If an athlete has tested positive for COVID-19, has had a close contact with an individual who has COVID-19 and develops symptoms but was not tested, or was placed on self-isolation and did not develop symptoms, the athlete must be cleared for progression back to activity by a qualified medical provider. Individuals who have had COVID-19 are at risk of developing severe cardiac complications that can affect participation in sport. There is limited research in this area particularly in youth athletes to standardize clinical decision making. For these reasons, it is strongly recommended that this form be completed by the patient’s primary care provider. Evaluation and management by the primary care provider allows for the patient’s past medical and cardiac history to be known.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date of Positive PCR Test: \_\_\_\_\_

THIS RETURN TO PLAY IS BASED ON TODAY’S EVALUATION

Date of Evaluation: \_\_\_\_\_

Date symptoms started/positive test \_\_\_\_\_ Date of last fever (≥100.4F) \_\_\_\_\_

Criteria to return (Please check below as applies)

- Criteria to return (Please check below as applies)
- Symptoms are resolved or nearly resolved, any remaining symptoms are not interfering with daily activities without medication
- No fever (≥100.4F) for minimum of 24 hours without fever reducing medication AND completed 5 full days of home isolation for asymptomatic/mild disease and 10 full days for moderate symptoms.
- COVID-19 respiratory and cardiac symptoms (moderate/severe cough, shortness of breath, fatigue) have resolved
- 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 daily activities YES NO
 - Unexplained Syncope/near syncope YES NO
 - Unexplained/excessive dyspnea/fatigue w/ daily activities 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, had prolonged fevers (greater than 3 days) or was diagnosed with multisystem inflammatory syndrome in children (MIS-C), further workup is recommended based on the Return to Play After COVID-19 Infection in Pediatric Patients Clinical Pathway.

- I am familiar and have reviewed the athletes past medical, social, cardiac, and family history and have no concerns with the athlete starting a return to play progression.
- 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):

Recommended: Primary Care Physician or MD/DO/NP/PA

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, under the supervision of the athletic trainer or other school personnel, 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. Any athlete beginning their RTP on day 6 **MUST** wear a mask until day 11. Athletes with moderate symptoms should not begin RTP prior to day 11.

Stage	Timing	Activities
Stage 1	1 day minimum	Light activity for 15 minutes or less at an intensity no greater than 70% of maximum heart rate (eg. walking, jogging, stationary bike). No resistance training
Stage 2	1 day minimum	Light activity with simple movement activities (eg. running drills) for 30 minutes or less at an intensity no greater than 80% maximum heart rate. No resistance training
Stage 3	1 day minimum	Progress to more complex training for 45 minutes or less at an intensity of 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 an intensity no greater than 80% maximum heart rate
Stage 5		Return to full activity

Cleared for Full Participation by School Personnel (Minimum 5 days spent on RTP): \_\_\_\_\_

*RTP Procedure adapted from Elliott N, et al. Infographic. British Journal of Sports Medicine, 2020*