# COVID-19 Medical Clearance Form

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

**Athlete’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Positive Test: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date Onset of Symptoms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MEDICAL CLEARANCE**

## Date of Evaluation:

* **Criteria to return (Please check below as applies)**
  + Athlete was not hospitalized due to COVID-19 infection **AND**
  + At least 14 days have passed since resolution of symptoms **OR**
  + If asymptomatic, At least 14 days have passed since date of positive test **OR**
  + Cardiac screen questions negative for myocarditis/myocardial ischemia

(Please answer ALL questions below)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * 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 | ❑ |
| * New Heart Murmur on exam | YES |  | NO | ❑ |

N**OTE to Approved HCP**: If Moderate disease **OR** any cardiac screening question is positive further workup may include: EKG (at minimum), Echocardiogram, Cardiology Consult, CXR, Spirometry, Chest CT, Cardiac Magnetic resonance (CMR)

**Athletes with severe disease who were hospitalized or was diagnosed with MIS-C, should NOT return to play for 3-6 months and should be cleared by Cardiologist**

* 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

**Additional Comments/Recommendations:**

**Medical Office Information (Please Print/Stamp):**

Healthcare Provider’s Name/Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Return to Play (RTP) Procedures After COVID-19 Infection\***

Athlete’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_

Student ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sport: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Positive COVID-19 Test: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Medical Clearance: \_\_\_\_\_\_\_\_\_\_\_\_\_

* + Student-Athletes must have Medical Clearance from COVID-19 on File to initiate Return to Play Progression.
  + Student-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, Stationary Bike) for 15 minutes or less at intensity no greater than 70% of maximum heart rate. NO resistance training.

Date: \_\_\_\_\_\_\_\_\_\_\_\_ Pass: \_\_\_ Fail: \_\_\_ AT INITIALS: \_\_\_\_\_\_\_\_ SA INITIALS: \_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_ Pass: \_\_\_ Fail: \_\_\_ AT INITIALS: \_\_\_\_\_\_\_\_ SA INITIALS: \_\_\_\_\_\_\_\_

**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: \_\_\_\_\_\_\_\_\_\_\_\_ Pass: \_\_\_ Fail: \_\_\_ AT INITIALS: \_\_\_\_\_\_\_\_ SA INITIALS: \_\_\_\_\_\_\_\_

**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: \_\_\_\_\_\_\_\_\_\_\_\_ Pass: \_\_\_ Fail: \_\_\_ AT INITIALS: \_\_\_\_\_\_\_\_ SA INITIALS: \_\_\_\_\_\_\_\_

**Stage 4: (1 Day Minimum)** Normal Training Activity for 60 minutes or less at intensity no greater than 80% maximum heart rate

Date: \_\_\_\_\_\_\_\_\_\_\_\_ Pass: \_\_\_ Fail: \_\_\_ AT INITIALS: \_\_\_\_\_\_\_\_ SA INITIALS: \_\_\_\_\_\_\_\_

**Stage 5: (1 Day Minimum)** Return to Team Activities, S&C, and skill work, non-contact practice

Date: \_\_\_\_\_\_\_\_\_\_\_\_ Pass: \_\_\_ Fail: \_\_\_ AT INITIALS: \_\_\_\_\_\_\_\_ SA INITIALS: \_\_\_\_\_\_\_\_

**Stage 6:** Return to Team Activities, Return to full Team Practice

Date: \_\_\_\_\_\_\_\_\_\_\_\_ Pass: \_\_\_ Fail: \_\_\_ AT INITIALS: \_\_\_\_\_\_\_\_ SA INITIALS: \_\_\_\_\_\_\_\_

**Cleared for Full Participation by School Athletic Trainer (Minimum 7 days spent on RTP):**

Team Physician or Designee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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