



Return to Athletics after COVID-19 Infection Clearance Form

If an athlete has tested positive for COVID-19, has had 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 Test: _____

THIS RETURN TO PLAY IS BASED ON TODAY’S EVALUATION

Date of Evaluation: _____ Date symptoms started: _____ Date of last fever (≥100.4 F) _____

Criteria to return (Please check below when applicable):

- Symptoms are resolved or nearly resolved, any remaining symptoms are not interfering with daily activities without medication
- No fever (≥100.4F) for minimum of 72 hours without fever reducing medication
- 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 three 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

Evaluator’s Name: _____ Office Phone: _____

Evaluator’s Address: _____

Evaluator’s Signature: _____

Return to Athletics after COVID-19 Infection Clearance Form

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 palpitations, chest pain, shortness of breath out of proportion to intensity of exercise, lightheadedness, syncope, fatigue, pulse oximetry O₂ reading of 93 or below, abnormal heart rate or blood pressure response to exercise or new heart murmur then athlete should discontinue protocol and be referred back to the evaluating provider who signed the form.

Stage 1- 2 Days Minimum

Light activity for 15 minutes or less

(e.g. walking, jogging, stationary bike)

Intensity no greater than 70% of maximum heart rate

No resistance training

Stage 2- 1 Day Minimum

Light activity with simple movement activities for 30 minutes or less

(e.g. running drills)

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

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

Intensity no greater than 80% maximum heart rate

Stage 5- Return to Full Activity

Cleared for Full Participation by Athletic Trainer (Min 7 days spent on RTP): _____

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