



COVID-19 Return to Play 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 ($\geq 100.4^\circ\text{F}$): _____

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 ($\geq 100.4^\circ\text{F}$) 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 the AAP return to play progression on the following date** _____ **on phase** _____
 - ☐ Stage 1
 - ☐ Stage 2
 - ☐ Stage 3
 - ☐ Stage 4 – Day 1
 - ☐ Stage 4 – Day 2

☐ Athlete **is cleared** to return to physical activity but **must complete Stages 1-5 of the AAP RTP plan-Attached**

☐ Athlete **IS** cleared to return to _____ on _____ **with NO RESRICTIONS based on the AAP guidelines.**

- *this confirms the assessment of the student incorporated AAP RTP protocol*
- *student-athlete must complete at least **one** practice session before eligible for game play; under the direction of the athletic trainer in consultation with coaching staff*

☐ Athlete **HAS NOT** satisfied the above criteria and **IS NOT** cleared to return to activity

Comments and/or Recommendations:

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	Timing	Activities
Stage 1	2 days minimum	Light activity for 15 minutes or less at an intensity no greater than 70% of maximum heart rate (e.g. walking, jogging, stationary bike). No resistance training
Stage 2	1 day minimum	Light activity with simple movement activities (e.g. 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 Athletic Trainer (Minimum 7 days spent on RTP): _____

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

Medical Office Information (Please Print/Stamp):

Recommended: Primary Care Physician or MD/DO

Evaluator's Name: _____ Office Phone: _____

Evaluator's Address: _____

Evaluator's Signature: _____

Parent/Legal Guardian Authorization

I attest that _____ has been evaluated by an authorized medical provider and give my
(Student's first & last name)

consent for his/her participation in a phased approach to in their return to the sports program at **Cromwell High School**
following the guidelines of the medical provider and the CIAC protocol for a gradual return to play.

_____/_____/_____
(Parent/guardian name, printed) (Parent/guardian signature) (Date)