

COVID-19 Return to Play Form

If an athlete has tested positive or was presumed positive for COVID-19 based on symptoms, they should rest from all physical activity for a minimum of 14 days from the onset of symptoms or positive test. They must then be cleared for a gradual progression back to activity by an approved health care provider (MD/DO/PA/NP/APP). Any return to activity should follow the recommended Return to Play (RTP) progression described below.

Athlete's Name: _____ DOB: _____ Date of Positive Test _____

Date of Evaluation _____ THIS RETURN TO PLAY IS BASED ON TODAY'S EVALUATION

Criteria to return to play to be completed by MD or DO. Please check below all that apply.

- 14 days have passed since the onset of symptoms
- All symptoms (cough, shortness of breath, fever (>100.4F, etc.) have resolved for at least 7 days without any fever reducing medication **AND**
- The Athlete was not hospitalized due to COVID-19 virus.
- PLUS** cardiac screening 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 w/exertion YES _____ NO _____
 - New palpitations YES _____ NO _____
 - Heart murmur on exam YES _____ NO _____

NOTE: If any cardiac screening question is positive or if athlete had greater than mild symptoms during the illness, further workup should be considered, which may include ECG, Echocardiogram, High Sensitivity Troponin, Cardiac MRI, Cardiology consultation, CXR, Spirometry, PFTs, Chest CT, etc.

- The athlete **HAS** satisfied the above criteria and **IS** cleared to start the return to play protocol (RTP)
- The athlete **HAS** satisfied the above criteria and **IS** cleared for return to play – NO RTP protocol required
- The athlete **HAS NOT** satisfied the above criteria and **IS NOT** cleared for return to play

Physician/Medical office information (Please print or stamp)

Physician's Name: _____ MD/DO/PA/NP/APP

Office Address: _____

Office Phone: _____

Physician Signature: _____

Return to Play (RTP) Protocol after COVID-19 Infection

**Athletes must complete the protocol below without development of chest pain, chest tightness, palpitations, lightheadedness, pre-syncope or syncope. If these symptoms develop, athlete should be referred back to the physician who signed the form.*

- **Stage 1 (2 days minimum):** Light activity (walking, jogging, stationary bike) for 15 minutes or less 70% or < of maximum heart rate. NO resistance training. **DATES COMPLETED** _____
- **Stage 2 (1 day minimum):** Add simple movement activities (i.e. running drills) for maximum 30 minutes 80% max heart rate. **DATES COMPLETED** _____
- **Stage 3 (1 day minimum):** Progress to more complex training for maximum 45 minutes 80% max heart rate. May add light resistance training. **DATES COMPLETED** _____
- **Stage 4 (2 days minimum):** Normal training activity for maximum 60 minutes 80% max heart rate. **DATES COMPLETED** _____
- **Stage 5: Return to full activity** **DATES COMPLETED** _____

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

Name/Title/Date