COVID-19 RETURN TO PLAY FORM

If a student-athlete had tested positive for Covid-19, he/she must be cleared by an approved healthcare provider (MD, DO, PAC, ARNP) before returning to activity.

STUDENT-ATHLETE NAME	DOB	TODAY'S DATE	DATE OF POSITIVE TEST

THIS RETURN TO PLAY IS BASED ON TODAY'S EVALUATION

- ❏ 10 days have passed since the date of the positive test result.
- ❏ At least 24 hrs symptom free, without fever reducing medication.
- ❏ Athlete was not hospitalized due to Covid-19 infection.
- ❏ Cardiac Screen negative for myocarditis/myocardial ischemia(answers below must be no)
  - ❏ Chest pain/tightness with exercise YES NO
  - ❏ Unexplained syncope/near syncope YES NO
  - ❏ Unexplained excessive dyspnea/fatigue with exertion YES NO
  - ❏ New palpitations YES NO
  - ❏ Heart murmurs YES NO

Health care provider

- ❏ Athlete has satisfied the above criteria and is cleared to begin a return to play progression.
- ❏ Athlete has NOT satisfied the above criteria and is NOT cleared to begin a return to play progression.

Medical Office Information (please print/stamp):

Provider Name: _____

Office phone: _____

Provider's Signature: _____