COVID-19
Return To Play Screening Form

Student's Name: _____

Date of Positive Covid Test: _____ **Symptom Onset:** _____

Criteria for Return to Sports: Patient satisfies the term below and answers to Cardiac Screening questions are all "NO".

Y **N** Asymptomatic or Mild Symptoms: Less than 4 days of fever > 100.4, fatigue, chills, or myalgia.

Y **N** 5 days have passed since the positive test and onset of symptoms.

Y **N** Minimum of 24 hours symptom-free off fever reducing medication.

Cardiac screening – Is the student experiencing ANY of the following?

Was the athlete hospitalized for COVID-19 infection?	**Y**	**N**
Chest pain/tightness or shortness of breath with exertion:	**Y**	**N**
Unexplained syncope/near syncope	**Y**	**N**
Unexplained/excessive fatigue with exertion	**Y**	**N**
Heart palpitations (new)	**Y**	**N**
Abnormal cardiac exam or vital signs	**Y**	**N**

_____ If student **HAS** satisfied the above criteria; then they are **CLEARED** to start Return to Play progression. **Parent and student sign form below**.

_____ If student **HAS NOT** satisfied the above criteria; then they are **NOT CLEARED** to start Return to Play progression and will need medical clearance. **Physician signature required.**

_____ _____ _____

Student's Signature **Parent's Signature** **Date**

_____Is medically cleared to participate in sports.

Student's Name

_____ _____

Physician's Signature **Date**