

COVID-19 Infection
Return To Play Medical Clearance Form

This form must be signed by one of the following examining Licensed Health Care Providers (LHCP) before the student-athlete is allowed to resume full participation in athletics: Licensed Physician (MD/DO), Licensed Physician Assistant (PA), Licensed Nurse Practitioner (NP). This form must be signed by the student-athlete's parent/legal custodian giving their consent before their child resumes full participation in athletics.

Name of Student-Athlete: _____ **DOB:** _____

Participating Sport(s): _____

Date COVID-19 Infection Diagnosed: _____

If symptomatic, date symptoms resolved: _____

COVID Case:

- Asymptomatic (no symptoms) or mild symptoms (fever, myalgia, chills, and lethargy < 4 days)
- Moderate symptoms (fever, myalgia, chills or lethargy lasting >=4 days or hospitalized but not in ICU)
- Severe symptoms (hospitalized in ICU and/or MIS-C)

Some students, particularly those with moderate to severe illness, may require a graduated return-to-play (RTP) protocol once the student has been cleared by a LHCP (cardiologist for moderate to severe COVID-19 symptoms). The American Academy of Pediatrics COVID-19 Interim Guidance: Return to Sport provides a recommendation for RTP (page 2) if necessary.

As the examining LHCP, I attest that the above-named student-athlete is now reporting to be completely free of all signs and symptoms of COVID-19, at least 10 days from positive test, and afebrile for 24 hours and is either cleared for resumption of activity or recommended for cardiology referral.

- Cleared for return to athletics.
- Cleared for return to athletics after completion of a graduated return to play due to the severity of symptoms and/or hospitalization associated with the student's positive COVID-19 diagnosis.
- Not Cleared: Cardiology consultation before clearance.

Date

Signature of Licensed Physician, Licensed Physician Assistant, Licensed Nurse Practitioner (Please Circle)

Please Print Name

Please Print Office Address Phone Number

Parent/Legal Custodian Consent for Their Child to Resume Full Participation in Athletics

I am aware that Butler School District requests the consent of a child's parent or legal custodian prior to them resuming full participation in athletics after having been diagnosed with a COVID-19 infection. I am giving my consent for my child to resume full participation in athletics. By signing below, I hereby give my consent for my child to resume full participation in athletics. I understand if my child develops symptoms such as chest pain, shortness of breath, excessive fatigue, feeling lightheaded, or palpitations (racing heart), that my athlete should stop exercising immediately and consultation with LHCP will be necessary.

Signature of Parent/Legal Custodian

Date

Relationship to Student-Athlete

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Graduated Return-to-Play Protocol After COVID-19 Infection

In participants who have had moderate or severe symptoms of COVID-19 or their provider has any concerns for rapid return to play (RTP), the athlete should complete the progression below without development of chest pain, chest tightness, palpitations, lightheadedness, pre-syncope, or syncope. If these symptoms develop, the participant should be referred back to the evaluating provider who signed the form.

- **Stage 1:** (2 Days Minimum) Light Activity (Walking, Jogging, Stationary Bike) for 15 minutes or less at intensity no greater than 70% of maximum heart rate. NO resistance training.
- **Stage 2:** (1 Day Minimum) Add simple movement activities (EG. running drills) for 30 minutes or less at intensity no greater than 80% of maximum heart rate.
- **Stage 3:** (1 Day Minimum) Progress to more complex training for 45 minutes or less at intensity 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 intensity no greater than 80% maximum heart rate.
- **Stage 5:** Return to full activity.

If required by the health care provider, the participant has completed the 5 stage RTP

progression under the supervision of _____ on _____.
Name date

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