



## ST. PIUS X POST-COVID ATHLETIC CLEARANCE FORM

**If a student-athlete has tested positive for COVID-19, the student must be cleared for activity by an approved health care provider.**

Name of Student-Athlete: \_\_\_\_\_ DOB: \_\_\_\_\_

If symptomatic, date symptoms began: \_\_\_\_\_

If symptomatic, please list symptoms: \_\_\_\_\_

Date of positive test: \_\_\_\_\_

Description of student's COVID case:

- Asymptomatic (no symptoms) or mild symptoms (fever, myalgia, chills, and lethargy < 4 days)
- Moderate symptoms (fever, myalgia, chills, or lethargy lasting  $\geq$  4 days or hospitalized but not in ICU)
- Severe symptoms (hospitalized in ICU and/or MIS-C [Multi-Inflammatory Syndrome-COVID])

**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 Licensed Health Care Professional, I attest that the above-named student-athlete is now reporting to be free of all signs and symptoms of COVID-19, is at least 10 days from positive test, and is either cleared for resumption of activity or recommended for cardiology referral.

- Student is **cleared** for return to athletics.
- Student is **cleared** for return to athletics **after completion of a graduated return to play (RTP)** due to the severity of symptoms and/or hospitalization associated with the student's positive COVID-19 diagnosis.
- Student is **not cleared** to return to athletics at this time. Cardiology consultation is needed before clearance.

\_\_\_\_\_  
Name of Licensed Healthcare Provider Office Phone

\_\_\_\_\_  
Signature of Healthcare Provider Date

**PLEASE RETURN COMPLETED FORM TO YOUR SCHOOL NURSE**

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

If 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.

If a student experiences any cardiac symptoms such as chest pain, chest tightness, palpitations, dizziness, lightheadedness, shortness of breath, extreme fatigue, pre-syncope, or syncope during or following the activity, the activity should be stopped, and the student should be referred back to the evaluating provider for additional evaluation.

The following 7day Gradual Return to Activity Protocol is based on the best evidence currently available to provide a gradual increase in cardiac load during return to physical activity.

- 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: (1 Day Minimum) Return to Full Training sessions without restrictions or limitations on intensity or duration.
- Stage 6: Return to full activity.