



# SDHSAA COVID-19 Return to Play Form

If a participant has tested positive for COVID-19, he/she must be cleared for progression back to activity by an approved health care provider (MD/DO/PAC/ARNP)

Individual's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date of Positive Test: \_\_\_\_\_

## THIS RETURN TO PLAY IS BASED ON TODAY'S EVALUATION

Date of Evaluation: \_\_\_\_\_

### Criteria to return (Please check below as applicable)

- 14 days have passed since symptom onset, during which the individual has been asymptomatic for at least the last 7 days without use of fever-reducing medication
- Individual was not hospitalized due to COVID-19 infection.
- Cardiac screen negative for myocarditis/myocardial ischemia (All answers below must be no)
 

Chest pain/tightness with exercise	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Unexplained Syncope/near syncope	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Unexplained/excessive dyspnea/fatigue w/exertion	YES <input type="checkbox"/>	NO <input type="checkbox"/>
New palpitations	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Heart murmur on exam	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**NOTE:** If any cardiac screening question is positive or if participant was hospitalized, consider further workup as indicated. May include ECG, cardiac biomarkers, Echocardiogram, CXR, PFT's, Chest CT, or cardiology consult.

- Individual HAS satisfied the above criteria and IS cleared to return to activity.
  - OPTIONAL:** Due to moderate or severe symptoms with COVID-19, the participant should perform the stages of the Graduated Return to Play Progression prior to full clearance
- Individual HAS NOT satisfied the above criteria and IS NOT cleared to return to activity

### Medical Office Information (Please Print/Stamp):

Evaluator's Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Evaluator's Address: \_\_\_\_\_  
\_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_

### **Graduated Return to Play (RTP) Progression After COVID-19 Infection**

In participants who have had moderate or severe symptoms with COVID-19 or their provider had any concerns for rapid 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 health care provider, the participant has completed the 5 stage RFP progression under the supervision of school personnel: \_\_\_\_\_