

Covid-19 Return to Sport Clearance

The purpose of this clinical tool is to help identify Middle School and High School Athletes who may be at risk for cardiac complications from COVID-19 infection and outline the general return to play protocol after cardiac clearance. We hope to emphasize the importance of the primary care providers evaluating and clearing the individual student athlete.

If there are cardiac clearance concerns, Pediatric Cardiology is available for consultation. Many schools have Athletic Trainers available to assist with return them to sport; Sports Medicine is available for consultation if needed.

Athlete Name: Sport:								
School:								
Date of symptom	onset (if any):		Date of Positive Test:					
When did you last experience symptoms:								
What symptoms did you experience while you were ill? (Choose all that apply):								
Fever	Cough	Shortness of Brea	ath Chest Pain or Tight	ness				
Fatigue	Muscle Aches	Headache	Runny Nose or Con	gestion				
Loss of Smell	Loss of Taste	☐ Nausea/Vomiting	Sore Throat Di	arrhea				
Other (please list):								
I did not have any symptoms								
Were you ever hospitalized for treatment related to Covid-19?: YES NO								
*If you answered "YES", did you require oxygen or ICU care? OXYGEN ICU NEITHER								
Are you currently experiencing any of the following symptoms?								
Recurrent Fever Shortness of Breath with Activity Shortness of Breath at Rest								
☐ Leg Swelling ☐ Chest Pain or Tightness with Activity ☐ Chest Pain or Tightness at Rest								
Persistent Fatigue Dizziness or Lightheadedness Palpitations or Abnormal Heart Rhythm								
Rapid Heart Beats Other (please list):								
☐ I Feel Like my Normal Self								
Do you have a history of ANY of the following (Choose all that apply)?:								
High Blood Pre	ssure Diabetes	Asthma	High Choleste	rol				
Sickle Cell Disea	ase Sickle Cell	l Trait	Disease Lung Disease					
☐ Smoking (cigarettes, marijuana, vaping, etc) ☐ Cancer ☐ Abnormal Heart Rhythm								
Other Heart Problems (Please describe):								
Athlete Signature		Parent S	ignature					



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Return to Play (RTP) after Covid-19 Infection / Positive Covid-19 Test Starting Return to Play

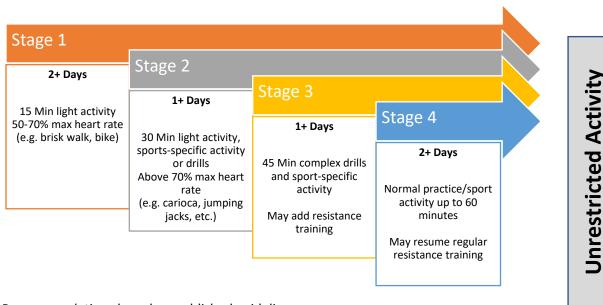
☐ Must be symp	tom free at least 7	days prior to l	being considere	ed for
initiating retu	irn to play activity.			

☐ No physical activity while symptomatic.

- ☐ Athletes who experience no symptoms or only mild symptoms (like a cold lasting 1-2 days) may resume return to play on Stage 2.
- ☐ If at ANY point during return to play an athlete experiences cardiac

symptoms, physical activity should be stopped. The athlete should return to the clearing physician for evaluation and referred to/evaluated by cardiology before resuming physical activity.

Return to Play Progression



Recommendations based on published guidelines:

- 1. Elliott N, et al. Graduated return to play guidance following Covid-19 infection. BJSM (2020).
- 2. NCAA and AMSSM. Cardiac Considerations for College Student-Athletes during the Covid-19 Pandemic. (2020).