CMHS COVID-19 Return to Play Form

If a student has tested positive for COVID-19 or has been required to quarantine, they must be cleared for progression back to physical activity by an approved health care provider (MD/DO/PAC/NP)

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_ Date of Positive Test:\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Criteria to Return (Please check as applies)

\_\_\_\_ 10 days have passed since onset of symptoms OR has been asymptomatic throughout 14 day quarantine

\_\_\_\_ Has been symptom free for the past 7 days.

\_\_\_\_ Student was not hospitalized due to COVID-19 infection

\_\_\_\_ Cardiac screen negative for myocarditis/myocardial ischemia (ALL answers must be NO)

 Chest pain/tightness with exercises YES\_\_\_\_\_ NO\_\_\_\_\_

 Unexplained Syncope/near syncope YES \_\_\_\_\_ NO \_\_\_\_\_

 Unexplained/excessive dyspnea/fatigue w/exertion YES \_\_\_\_\_ NO\_\_\_\_\_

 New palpitations YES \_\_\_\_\_ NO \_\_\_\_\_

 Heart murmur on exam YES \_\_\_\_\_ NO \_\_\_\_\_

If any cardiac screening question is positive or if the student was hospitalized, consider a full cardiac workup as appropriate.

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\_\_\_\_\_\_ Student HAS satisfied the above criteria and IS CLEARED to start the Return to Activity Progression

­­­\_\_\_\_\_\_ Student HAS NOT satisfied the above criteria and IS NOT CLEARED to return to activity

Health Care Provider information:

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

Practice Name and Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluators Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return to Play Procedures After COVID-19 Infection

Student must complete the progression below without development of chest pain, chest tightness, palpitations, lightheadedness, shortness of breath, pre-syncope or syncope. If these symptoms develop, patient should be referred back to the evaluating provider for follow up.

* STAGE 1: (2 Days Minimum) Light Activity (walking, jogging, stationary bike) for 15 minutes at no greater than 70% of maximum heart rate. NO resistance training
* STAGE 2: (1 Day Minimum) Running Drills or simple movement activities for 30 minutes at intensity no greater than 80% of maximum heart rate.
* STAGE 3: (1 Day Minimum) Progress to more complex training (resistance training, agility drills, sports specific drills) for 45 minutes at intensity no greater than 80% maximum heart rate.
* 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 Activity

Cleared for Full Participation by school personnel. A minimum of 7 days spent on RTP prior to clearance.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_