



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	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

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: _____