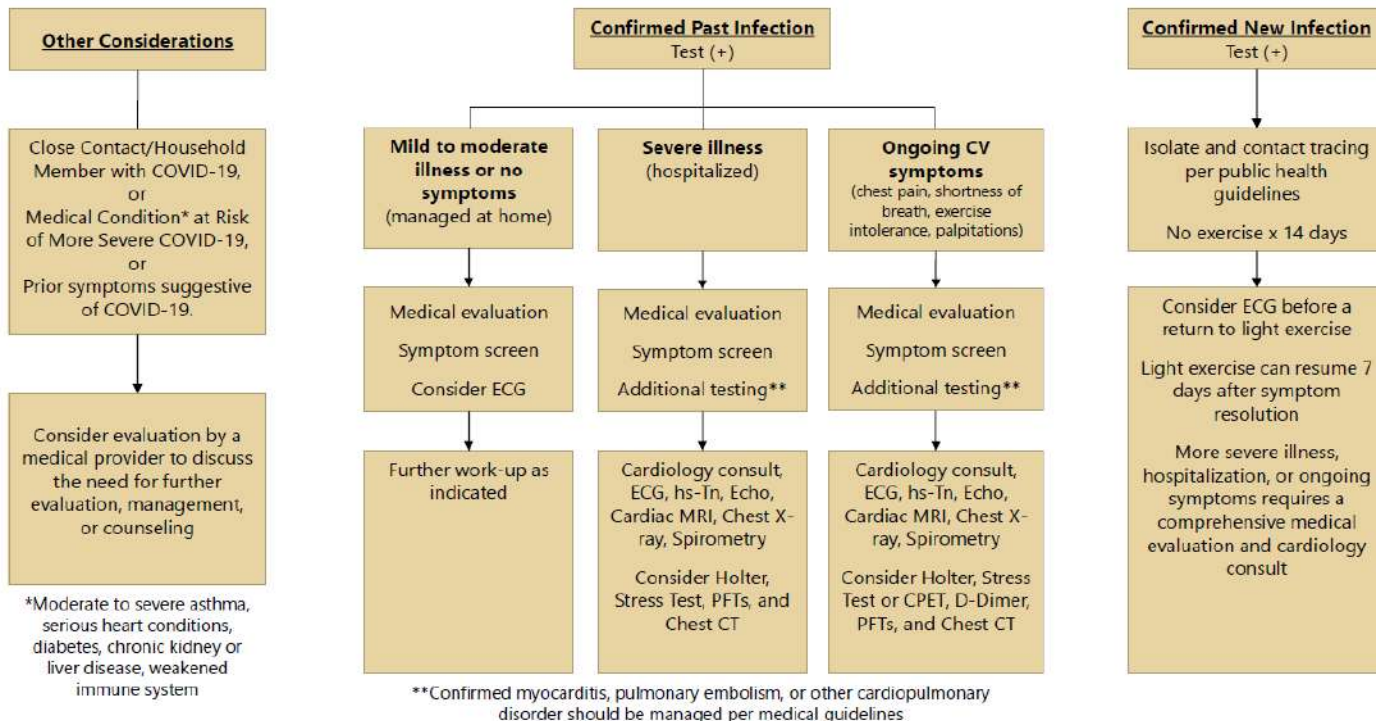


COVID-19 Clearance Form (2020/21)



Cardiopulmonary Considerations for High School Student-Athletes during the COVID-19 Pandemic



MEDICAL PROVIDER ASSESSMENT

Patient Name: _____ Date of Birth: _____

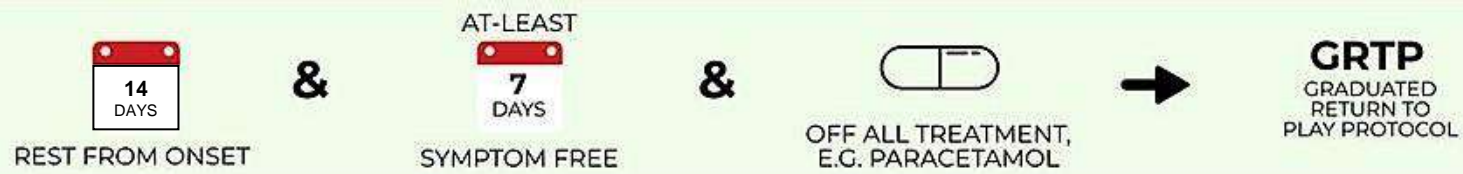
Date of Symptom onset/Positive test: _____ School: _____

- 1. Has it been at least 14 days since symptom onset or positive test if asymptomatic?
Yes **NO**
- 2. Has the patient been afebrile for > 24 hours without use of antipyretics and symptom free > 7 days?
Yes **NO**
- 3. Does this patient have any ongoing COVID or cardiovascular symptoms?
YES No
- 4. Does this student have a normal cardiorespiratory exam?
Yes **NO**
- 5. Does this person have a normal EKG (if applicable)?
Yes **NO**
- 6. Is this student cleared to start the return to play protocol (on reverse page)?
Yes **NO**

Any **BOLD** answer should warrant further evaluation prior to sports clearance

Health Care Provider Printed Name: _____ Date: _____

Health Care Provider Signature: _____ Phone: _____ Fax: _____



GRADUATED RETURN TO PLAY PROTOCOL

UNDER MEDICAL SUPERVISION

	STAGE 1 10 DAYS MINIMUM	STAGE 2 2 DAYS MINIMUM	STAGE 3A 1 DAY MINIMUM	STAGE 3B 1 DAY MINIMUM	STAGE 4 2 DAYS MINIMUM	STAGE 5 EARLIEST DAY 17	STAGE 6
ACTIVITY DESCRIPTION	MINIMUM REST PERIOD	LIGHT ACTIVITY	FREQUENCY OF TRAINING INCREASES	DURATION OF TRAINING INCREASES	INTENSITY OF TRAINING INCREASES	RESUME NORMAL TRAINING PROGRESSIONS	RETURN TO COMPETITION IN SPORT SPECIFIC TIMELINES
EXERCISE ALLOWED	WALKING, ACTIVITIES OF DAILY LIVING	WALKING, LIGHT JOGGING, STATIONARY CYCLE, NO RESISTANCE TRAINING	SIMPLE MOVEMENT ACTIVITIES E.G. RUNNING DRILLS	PROGRESSION TO MORE COMPLEX TRAINING ACTIVITIES	NORMAL TRAINING ACTIVITIES	RESUME NORMAL TRAINING PROGRESSIONS	
% HEART RATE MAX						RESUME NORMAL TRAINING PROGRESSIONS	
DURATION	10 DAYS	<15 MINS	<30 MINS	<45 MINS	<60 MINS	RESUME NORMAL TRAINING PROGRESSIONS	
OBJECTIVE	ALLOW RECOVERY TIME, PROTECT CARDIO-RESPIRATORY SYSTEM	INCREASE HEART RATE	INCREASE LOAD GRADUALLY, MANAGE ANY POST VIRAL FATIGUE SYMPTOMS	EXERCISE, COORDINATION AND SKILLS/TACTICS	RESTORE CONFIDENCE AND ASSESS FUNCTIONAL SKILLS	RESUME NORMAL TRAINING PROGRESSIONS	
MONITORING	SUBJECTIVE SYMPTOMS, RESTING HR, I-PRRS	SUBJECTIVE SYMPTOMS, RESTING HR, I-PRRS, RPE	SUBJECTIVE SYMPTOMS, RESTING HR, I-PRRS, RPE	SUBJECTIVE SYMPTOMS, RESTING HR, I-PRRS, RPE	SUBJECTIVE SYMPTOMS, RESTING HR, I-PRRS, RPE	SUBJECTIVE SYMPTOMS, RESTING HR, I-PRRS, RPE	

ACRONYMS: I-PRRS (INJURY - PSYCHOLOGICAL READINESS TO RETURN TO SPORT); RPE (RATED PERCEIVED EXERTION SCALE)

NOTE: THIS GUIDANCE IS SPECIFIC TO SPORTS WITH AN AEROBIC COMPONENT

