

KPBSD School District COVID-19 Return to Play Form

If an athlete has been hospitalized for COVID-19, he/she must be cleared for progression back to activity by an approved health care provider (MD/DO/PA-C/ARNP/CHA/Ps).

Athlete's name _____ DOB _____

Date of Positive Test or when presumed positive _____

THIS RETURN TO PLAY IS BASED ON TODAY'S EVALUATION

Date of Evaluation: _____

Criteria to return (Please check below as applies)

- Athlete has had at least 10 days without symptoms since symptom onset or positive test if remained asymptomatic
- Athlete was not hospitalized due to COVID-19 infection
- Cardiac screen negative for signs of myocarditis/myocardial ischemia (all answers must be no)
 - Chest pain/tightness with daily activities YES NO
 - Unexplained Syncope/near syncope/fainting YES NO
 - Unexplained/excessive difficulty breathing/fatigue w/ daily activities YES NO
 - New heart palpitations YES NO
 - Heart murmur on exam YES NO

NOTE: If any cardiac screening question is positive, athlete was hospitalized or diagnosed with multisystem inflammatory syndrome in children (MIS-C), or had fever $> 100.4 \geq 48$ hours, he/she should get ECG at minimum and consider pediatric cardiology referral based on return to play after COVID-19 infection in pediatric patients algorithm on back of this form.

- Athlete HAS satisfied the above criteria and IS **cleared to play** on this date _____.
- Athlete **HAS** satisfied the above criteria and IS cleared to start the **return to activity progression** on this date _____.
- Athlete **HAS NOT** satisfied the above criteria and IS **NOT** cleared to return to activity.
- Athlete will return on _____ for further evaluation.
- Athlete has been referred to pediatric cardiology.

Medical Office Information (Please Print/Stamp):

Evaluator's Name: _____ Title: _____

Evaluator's Phone: _____

Evaluator's Signature: _____

Return to Play (RTP) Procedures After COVID-19 Infection

Return to Play (RTP) Procedures After COVID-19 Infection Athletes must complete the progression below without development of chest pain, chest tightness, palpitations, lightheadedness, presyncope or syncope, difficulty breathing, **excessive** fatigue with exercise. If these symptoms develop, patient should be referred back to the evaluating provider who signed the form. **If mild fatigue develops, they should repeat the previous day and if remain asymptomatic, they can continue to go through the stages.**

Stage	Day	Activity	Date	Supervisor's initials
Stage 1	Day 1 and 2	(2 Days Minimum) Light Activity (Walking, Jogging, Stationary Bike) for 15 minutes or less. NO resistance training.		
Stage 2	Day 3	(1 Day Minimum) Add simple movement activities (EG. running drills) for 30 minutes or less.		
Stage 3	Day 4	(1 Day Minimum) Progress to more complex training for 45 minutes or less. May add light resistance training.		
Stage 4	Day 5 and 6	(2 Days Minimum) Normal Training Activity for 60 minutes or less.		
Stage 5	Day 7	Return to fully activity/participation (I.E.Contests/Competitions)		
		Cleared for Full Activity/Participation by School Personnel (Based on RTP Stages) Printed Name _____ Signature _____		

RTP Procedure adapted from Elliott N, et al. Infographic. British Journal of Sports Medicine, 2020

