

## MEDICAL CLEARANCE FOR RETURN-TO-PLAY AFTER COVID-19 INFECTION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Date of Positive COVID Test: \_\_\_\_\_  
 Date of Symptom Onset: \_\_\_\_\_ N/A if asymptomatic:   
 Date of Last Symptoms: \_\_\_\_\_ N/A if asymptomatic:   
 Date of Medical Evaluation: \_\_\_\_\_

**Criteria for Return\*:**

- >10 days have passed since tested positive for COVID19
- Symptom-free (excluding loss of taste/smell) >24hr off fever-reducing medications (for COVID19 with asymptomatic/mild symptoms) OR  
Symptom-free excluding loss of taste/smell >10 days off fever-reducing medications (for COVID19 with moderate symptoms)
- Has had a normal ECG (required if  $\geq 12$  years of age and history of moderate symptoms with COVID19 illness)
- No history of ICU hospitalization, intubation, or MIS-C
- 14-element AHA cardiac screening\*\* reviewed. Telemedicine evaluation permitted for asymptomatic/mild cases with in-person visit recommended if any positive cardiac symptoms/concerns reported. (Further cardiac work up required if any bolded screening questions positive).

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Chest pain/tightness/pressure related to exertion</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Unexplained syncope or near-syncope (not including vasovagal cause)</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Excessive exertional, unexplained shortness of breath/fatigue or new onset palpitations with exercise</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>New heart murmur on exam or persistent tachycardia</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Abnormal pulses on exam including femoral pulses (to exclude aortic coarctation)</b>
<input type="checkbox"/>	<input type="checkbox"/>	History of elevated systemic blood pressure
<input type="checkbox"/>	<input type="checkbox"/>	Prior restriction from participation in sports
<input type="checkbox"/>	<input type="checkbox"/>	Prior cardiac testing ordered by a physician
<input type="checkbox"/>	<input type="checkbox"/>	Family history of premature death <50yrs due to heart disease
<input type="checkbox"/>	<input type="checkbox"/>	Disability due to heart disease in a close relative <50yo
<input type="checkbox"/>	<input type="checkbox"/>	Family history of HCM/Dilated cardiomyopathy, long QT/ion channelopathies, Marfan syndrome, significant arrhythmias, or genetic cardiac conditions
<input type="checkbox"/>	<input type="checkbox"/>	History of heart murmur (excluding innocent/resolved murmurs)
<input type="checkbox"/>	<input type="checkbox"/>	Physical stigmata of Marfan Syndrome
<input type="checkbox"/>	<input type="checkbox"/>	Abnormal brachial artery blood pressure in sitting position on exam

\*<https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-interim-guidance-return-to-sports/>

\*\*14-Element AHA Screening Checklist adapted from Maron BJ, et al. *Journal of the American College of Cardiology*, 2014. Reviewed by UVMMC Pediatric Cardiology March 3, 2021.

**Clearance Determination:**

- Student/athlete has already advanced physical activity/sports on their own without development of cardiac signs/symptoms and is cleared participate in activities without restriction (*history of COVID19 noted in medical record*).
- Student/athlete HAS satisfied the above criteria and IS cleared to start the return to activity progression (*return to activity as tolerated if <12yo;  $\geq 7$ -day graduated return protocol if  $\geq 12yo$  +/- or high intensity or supervised/school sports or athletic programs*).
- Student/athlete HAS NOT satisfied the above criteria and IS NOT cleared to return to activity progression.

**Medical Office Information:**

Printed Clinician Name: \_\_\_\_\_ Clinician Signature: \_\_\_\_\_  
 Office Phone number: \_\_\_\_\_ Office Fax number: \_\_\_\_\_  
 Office Address: \_\_\_\_\_

## **GRADUATED RETURN-TO-PLAY AFTER COVID19 INFECTION\***

Indications: Age  $\geq$ 12yo +/-or High Intensity or Supervised/School Sports or Athletic Programs

Once medically cleared, students/athletes should complete the suggested return-to-play progression without development of chest pain/tightness, palpitations, lightheadedness, significant exertional dyspnea, pre-syncope, or syncope. If any of these symptoms develop, the patient should be referred back to the evaluating provider who signed the medical form.

### **MINIMUM 7-DAY PROGRESSION:**

1. **STAGE 1: Day 1 and Day 2 (2 Days Minimum) - 15min/day or less**  
Light activity (walking, jogging, stationary bike); intensity  $\leq$ 70% maximum heart rate. NO resistance training.
2. **STAGE 2: Day 3 (1 Day Minimum) – 30min/day or less**  
Add simple movements activities (running drills) at intensity  $\leq$ 80% maximum heart rate.
3. **STAGE 3: Day 4 (1 Day Minimum) – 45min/day or less**  
More complex training at intensity  $\leq$ 80% maximum heart rate. May add light resistance training.
4. **STAGE 4: Days 5 and Day 6 (2 Days Minimum) – 60min/day or less**  
Normal training activity at intensity  $\leq$ 80% maximum heart rate.
5. **STAGE 5: Return to full activity/participation.**

*\*Return-To-Play protocol adapted from Elliott N, et al. Infographic. British Journal of Sports Medicine, 2020.*

*Calculating Max Heart Rate:  $220 - \text{Your Age} = \text{Predicted Max Heart Rate (beats/min)}$*