



MEDICAL GUIDELINE FOR RETURN-TO-PLAY (SPORTS/PHYSICAL EDUCATION) AFTER COVID-19 INFECTION

Patient Name:	DOB:	
Date of Positive COVID Test:		
Date of Symptom Onset:	N/A if asymptomatic: □	
	N/A if asymptomatic: □	
Date to start Return to Play:		
Clinician:	Office Phone number:	
Clinician: Office Phone number:		
☐ <12yo ASYMPTOMATIC/MILD symptoms (<4 days fever >100.4F, <1 week myalgia, chills, or lethargy)		
GUIDANCE	□ No exercise while in isolation	
SCREENING	☐ AHA 14-element screen reviewed without findings concerning for myocarditis	
□ RETURN TO F	·	
	physical activity according to own tolerance once out of isolation	
	d for ALL activity until 10 full days from +test or symptom onset has passed	
-	stop activity and have in-person medical evaluation for any chest pain, shortness of breath out of	
proportion w	ith symptoms, new-onset palpitations, or syncope with return to exercise	
☐ <12yo MODERATE symptoms	(≥4 days fever >100.4, ≥1 week of myalgia, chills, or lethargy, or non-ICU hospital stay/no MIS-C)	
GUIDANCE	□ No exercise while in isolation	
	□ No exercise until cleared by PCP	
SCREENING	☐ In-person evaluation by PCP after symptoms resolved and out of isolation	
35.1.2.1.1.13	☐ AHA 14-element screen reviewed without findings concerning for myocarditis	
	□ No concerning cardiac findings on in-office exam	
	□ Normal EKG	
	□ ≥10 days have passed since symptom onset or positive test	
☐ RETURN TO F		
	physical activity according to own tolerance once cleared to begin return to play	
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• Start no soor	er than 10 days from symptom onset or positive test	
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14-Element AHA Screening Checklist

YesNo	
	Chest pain/tightness/pressure related to exertion
	Unexplained syncope or near-syncope (not including vasovagal cause)
	Excessive exertional, unexplained shortness of breath/fatigue or new onset
	palpitations with exercise
	New heart murmur on exam or persistent tachycardia
	Abnormal pulses on exam including femoral pulses (to exclude aortic coarctation)
	History of elevated systemic blood pressure
	Prior restriction from participation in sports
	Prior cardiac testing ordered by a physician
	Family history of premature death <50yrs due to heart disease
	Disability due to heart disease in a close relative <50yo
	Family history of HCM/Dilated cardiomyopathy, long QT/ion channelopathies, Marfan
	syndrome, significant arrhythmias, or genetic cardiac conditions
	History of heart murmur (excluding innocent/resolved murmurs)
	Physical stigmata of Marfan Syndrome
	Abnormal brachial artery blood pressure in sitting position on exam

4-Element AHA Screening Checklist adapted from Maron BJ, et al. Journal of the American College of Cardiology, 2014. AHA 14-element screening to be reviewed with special emphasis on symptoms of myocarditis (incidence 0.5-3%): chest pain, shortness of breath out of proportion with URI symptoms, new-onset palpitations, or syncope.