



GRADUATED RETURN-TO-PLAY AFTER COVID19 INFECTION*

Indications: Age \geq 12yo +/-or High Intensity or Supervised/School Sports or Athletic Programs (not required if already advanced physical activity/sports on own without development of cardiac signs/symptoms)

Name: _____ DOB: _____

Date of Medical Clearance to begin post-COVID19 Return-To-Play: _____

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.

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

MINIMUM 7-DAY PROGRESSION:

STAGE 1 : Day 1 and Day 2 (2 Days Minimum) - 15min/day or less		
Light activity (walking, jogging, stationary bike). NO resistance training. Intensity \leq 70% maximum heart rate.		
DATE	ACTIVITY	SYMPTOMS

STAGE 2 : Day 3 (1 Day Minimum) – 30min/day or less		
Add simple movements activities (running drills) at intensity \leq 80% maximum heart rate.		
DATE	ACTIVITY	SYMPTOMS

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.		
DATE	ACTIVITY	SYMPTOMS

STAGE 4 : Days 5 and Day 6 (2 Days Minimum) – 60min/day or less		
Normal training activity at intensity \leq 80% maximum heart rate.		
DATE	ACTIVITY	SYMPTOMS

STAGE 5 : Return to full activity/participation.		
DATE	ACTIVITY	SYMPTOMS

*Return-To-Play protocol adapted from Elliott N, et al. Infographic. British Journal of Sports Medicine, 2020. Reviewed by UVMCC Pediatric Cardiology March 3, 2021.

Date Cleared for Full Participation by School/Sports Personnel: _____

Printed name: _____ Signature: _____