



Saint Francis Lancer Sports Medicine COVID - 19 Return to Activity Form

Due to the risk of medical complications associated with COVID-19 in youth athletes, all athletes who test positive for COVID-19 must be medically cleared by an approved medical provider (MD/DO/PA/NP) and complete a return to activity progression. Please complete the form below and return to the Sports Medicine Staff.

Name of Student: _____ Date: _____

I, _____, give permission for my physician to share the following medical information with St. Francis High School and for communication between the Sports Medicine staff and my physician related my child's current injury.

Parent/Guardian Signature: _____ Date: _____

DATE OF EXAM: _____ DATE OF POSITIVE TEST: _____

Athlete must meet all criteria in order to return to activity/sport. (Health Care Provider: Please check all that apply)

- 10 days have passed since onset of symptoms OR has been asymptomatic throughout 10 days of quarantine
- Symptoms have resolved (No fever greater than 100.0°F for 24 hours without fever reducing medication, and improvement of symptoms such as cough, shortness of breath, etc)
- Athlete was not hospitalized (if hospitalized, follow myocarditis return to play guidelines)
- Cardiac screen negative for myocarditis/myocardial ischemia

Chest pain/tightness with exercise	YES	NO
Unexplained syncope/near syncope	YES	NO
Unexplained or excessive dyspnea or fatigue with exertion	YES	NO
New palpitations	YES	NO
Heart murmur on exam	YES	NO
- Normal ECG (For moderate symptoms (prolonged fever and bedrest, no hospitalization, no abnormal cardiac testing) athlete must complete an ECG to rule out prior to clearance)

PHYSICAL ACTIVITY STATUS

- Athlete has satisfied all criteria and is medically cleared to begin a return to activity progression
- Athlete has not satisfied all criteria and IS NOT medically cleared to begin return to activity progression
Comments: _____

Physician Signature: _____ Date: _____

Physician Stamp/Contact Information