Mat- Su School District COVID-19 Return to Play Form

If an athlete has tested positive for COVID-19 in the last 90 days, 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 ≥ 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 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: ____________________________________________________________

Updated 12/10/2020
Return to Play (RTP) Procedures After COVID-19 Infection

Athletes must complete the progression below without development of chest pain, chest tightness, palpitations, lightheadedness, pre-syncpe 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.

<table>
<thead>
<tr>
<th>Stage</th>
<th>Day</th>
<th>Activity</th>
<th>Date</th>
<th>Supervisor’s initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 1</td>
<td>Day 1 and 2</td>
<td>(2 Days Minimum) Light Activity (Walking, Jogging, Stationary Bike) for 15 minutes or less. NO resistance training.</td>
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<tr>
<td>Stage 2</td>
<td>Day 3</td>
<td>(1 Day Minimum) Add simple movement activities (EG. running drills) for 30 minutes or less.</td>
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<tr>
<td>Stage 3</td>
<td>Day 4</td>
<td>(1 Day Minimum) Progress to more complex training for 45 minutes or less. May add light resistance training.</td>
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<tr>
<td>Stage 4</td>
<td>Day 5 and 6</td>
<td>(2 Days Minimum) Normal Training Activity for 60 minutes or less.</td>
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<tr>
<td>Stage 5</td>
<td>Day 7</td>
<td>Return to fully activity/participation (I.E.- Contests/Competitions)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Cleared for Full Activity/Participation by School Personnel (Based on RTP Stages)

Printed Name________________________________________

Signature______________________________________________