**Return to play after testing positive for COVID-19**

 Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Positive Test:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Evaluation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**All students age 12 or older regardless of COVID severity need to be assessed for cardiac symptoms by their primary care provider prior to returning to PE and or sports.**

**All students age 5 or older with moderate or severe symptoms need to be evaluated by their primary care provider prior to returning to PE and or sports.**

**Asymptomatic or mild symptoms** (no fever, < 4days of fever of > 100.4 or < 1week of myalgia, chills, or severe fatigue)

\_\_\_\_\_\_\_No cardiac symptoms

\_\_\_\_\_\_\_**Begin gradual return to play protocol**

**Asymptomatic or mild symptoms:**

Begin process after minimally one full day symptom free (excluding loss of taste/smell)

\*No games before day 3

Day 1: light practice

Day 2: full practice

Day 3: full activity and game participation

A face mask should be worn for ALL physical activity (including games) until 10 days from positive test or symptom onset.

**Moderate COVID symptoms** (fever > 4 days of > 100.4, >1 week of myalgia, chills or severe fatigue, non ICU hospital stay and no MIS-C)

\_\_\_\_\_\_ECG prior to participation

\_\_\_\_\_\_Normal ECG no cardiac symptoms

\_\_\_\_\_\_Abnormal ECG or cardiac symptoms – **Needs** **evaluation by pediatric cardiologist**

\_\_\_\_\_\_**Begin gradual return to play protocol**

**Moderate symptoms:**

**Begin gradual return to PE/sports 10 days after positive result or symptom onset and 1 day free of symptoms**

\*No games before day 5 of return to play protocol

Day 1: light cardio workout on own

Day 2 & 3: light practice

Day 4: full practice

Day 5: full activity and game participation

A face mask should be worn for ALL physical activity (including games) until 10 days from positive test or symptom onse

**Severe COVID symptoms** (ICU hospitalized, multisystem inflammatory syndrome in children (MIS-C)

\_\_\_\_\_\_To be followed by Cardiology

\_\_\_\_\_\_Exercise restriction for 3-6 months.

\_\_\_\_\_\_Cleared to return to play by cardiologist only

*\*\*Monitor for onset of chest pain, shortness of breath out of proportion for upper respiratory infection, new-onset palpitations or syncope. If any of these occur, stop physical activity immediately and seek medical care. \*\*\**

**Medical use only:**

Provider’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Providers Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_