RETURN TO PLAY ASSESSMENT POST-COVID 19 INFECTION Assessment Date:_____

Athlete's Name: _____DOB: _____ Date of Positive Test:_____
THIS RETURN TO PLAY ASSESSMENT IS BASED IS BASED ON TODAY'S EVALUATION. IF NEW SYMPTOMS DEVELOP, THE ATHLETE UNDERSTANDS THAT THEY MUST DISCONTINUE EXERCISE AND CONTACT THEIR PHYSICIAN.

TO BE FILLED OUT BY PATIENT/PARENT:

How many days did you experience fever during your COVID infection? _____
How many days did you experience systemic symptoms such as excessive fatigue, body aches or chills? _____
Were you hospitalized at any point during the infection? YES ❑ NO ❑

Current symptoms (check all that apply):

___Congestion/runny nose
___Sore throat
___Cough
___Loss of taste or smell
___Nausea/Vomiting/Diarrhea
___Headache
___Muscle or Body aches
___Fever or chills

At any point since your diagnosis have you experienced:

___Chest pain/tightness?
___Fainting or significant dizziness?
___Shortness of breath/fatigue w/exertion?
___Palpitations/heart racing/skipped beats?

In the past have you:

___Had exertional chest pain/discomfort
___Fainted during or immediately after exercise
___Had excessive fatigue with exertion or exercise
___Been told you had a heart murmur
___Had tests of your heart (EKG, Echocardiogram) ordered by a physician
___Been told you had high blood pressure
___Been restricted from sports by a doctor

Do you have a family history of the following:
___A relative with sudden, unexplained death or death/disability from heart disease below age 50
___A relative with hypertrophic or dilated cardiomyopathy, long QT syndrome, channelopathy or other significant rhythm disturbance, Marfan Syndrome

I certify that all of the above is true and that if my symptoms change I will discontinue exercise and contact my physician immediately.

_____ _____
Signature Printed Name

TO BE FILLED OUT BY PHYSICIAN:

❑ 10 days have passed since positive test and symptoms have significantly improved (this includes no temp≥100.4F for 24 hours without fever reducing medications) OR patient was asymptomatic for 10 days following positive test
❑ Athlete was not hospitalized due to COVID-19 infection and had mild symptoms (defined as fever and systemic symptoms being present less than 4 days).
❑ Cardiac screening questions are negative and physical exam is not concerning for myocarditis.

❑ Athlete HAS satisfied the above criteria and **IS** cleared to start the return to activity progression.
❑ Athlete HAS NOT satisfied the above criteria and **IS NOT** cleared to return to activity

Evaluator's Signature:_____
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