Return to Athletics Following COVID-19 Infection

Name:_____ DOB: _____/_____/_____ School:_____

Date of COVID-19 Symptom Onset: _____/_____/_____ Date of Positive COVID-19 Test: _____/_____/_____

Dates of Isolation: _____/_____/_____ to _____/_____/_____ Date of Symptoms Resolution: _____/_____/_____

Sport Athletes is Returning to Upon Clearance: _____

Other Sport Participation: _____

COVID-19 Symptoms Experienced: (Check all that apply)

- ☐ Fever ____# of days with fever
- ☐ Used Fever Reducing Medication (Tylenol, Ibuprofen, etc.) Last date meds were taken: _____/_____/_____
- ☐ Shortness of Breath ☐Difficulty Breathing ☐ Fatigue ☐ Muscle or Body Aches
- ☐ Headache ☐New Loss of Taste or Smell ☐ Sore Throat ☐ Congestion or Runny Nose
- ☐ Nausea or Vomiting ☐ Diarrhea ☐ Other: _____

Are you still experiencing any COVID-19 Symptoms? If so, please list: _____

Past and Current Medical Conditions: _____

Current Medications: _____

Personal History: (circle yes or no)			Prior restriction from participation in sports?	YES	NO
Exertional chest pain/discomfort?	YES	NO	Prior testing for the heart ordered by a physician?	YES	NO
Exertional syncope or near-syncope?	YES	NO	Family History: (circle yes or no)	YES	NO
Excessive exertional and unexplained fatigue/fatigue associated with exercise?	YES	NO	Premature death-sudden and unexpected before age 50 due to heart disease?	YES	NO
Prior recognition of a heart murmur?	YES	NO	Disability from heart disease in relatives <50 y.o.?	YES	NO
Elevated systemic blood pressure?	YES	NO	Specific knowledge of certain cardiac conditions in family members: hypertrophic or dilated cardiomyopathy, long-QT syndrome or other ion channelopathies, Marfan syndrome, or clinically important arrhythmias	YES	NO

Pre-Participation Physical to be filled out by medical staff:

Blood Pressure: _____/_____ Pulse: _____ bpm Height: _____ Weight: _____ Vision: R _____ L _____

Medical:	Normal	Abnormal
Appearance -Marfan Stigamata (kyphoscoliosis, high0arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse, and aortic insufficiency		
Eyes, Ears, Nose, Throat -Pupils equal -Hearing		
Lymph Nodes		
Heart -Murmurs (auscultation standing, auscultation supine, and Valsalva) -Chest Pain -Shortness of breath out of proportion of URI -New-onset palpitations -Syncope -Femoral pulses to exclude aortic stenosis		
Lungs		
Skin		
Neurological		
Musculoskeletal		

*Consider Electrocardiography (ECG), Echocardiography, and referral to a cardiologist for abnormal cardiac history, new abnormal examination findings, or a combination of those.

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Clearance filled out by medical staff:

□ Cleared to return to unrestricted athletic participation without completion of COVID-19 Graduated Return to Play Progression

□ Cleared to begin COVID-19 Return to Play Graduated Exercise Progression and return to athletics upon successful completion under guidance of School Nurse and/or Certified Athletic Trainer.

Start Return to Play on Stage: _____ **See below for details**. Diagnosis Code: U07.1

□ Not Cleared to Return to Athletics. Further medical testing needed.

Name of Health Care Professional: _____ Phone: _____
Signature of Health Care Professional: _____ MD, DO, NP, PA
Date: _____/_____/_____

IHSA/IESA COVID-19 Return to Play Progression

The following is to help athletes and coaches make a safe return to participation. Athletes who test positive must quarantine for their prescribed number of days and be released by a physician and their LHD before returning to play.

All athletes will participate in a gradual return to play program, and will work with their physician to determine when they may begin the return to play protocol. The progression will be done under the supervision of the Athletic Trainer, School Nurse, or other appropriate health care provider. If any symptoms develop during the athlete's return to play progression, they should stop activity and return to their physician for reassessment.

Return to Play Progression:

Stage 1: (2 Day Minimum) Light Activity (Walking, Jogging, Stationary Bike) for 15 minutes or less at a light intensity. No resistance training.

Stage 2: (1 Day Minimum) Add simple movement activities (running drills, body weight exercises) for 30 minutes or less at a moderate intensity.

Stage 3: (1 Day Minimum) Progress to more complex training for 45 minutes or at a moderate intensity. May add light resistance training.

Stage 4: (2 Day Minimum) Normal Training Activity for 60 minutes or at a moderate intensity progressing to high intensity.

Stage 5: Return to full activity

RTP Procedure adapted from Elliot N, et al. Infographic. British Journal of Sports Medicine, 2020

<u>Additional resources for providers:</u>
Coronavirus Disease 2019 and the Athletic Heart: Emerging Perspectives on Pathology, Risks, and Return to Play | Infectious Diseases | JAMA Cardiology | JAMA Network
https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical guidance-return-to-sports