

Student Name:

## HORSEHEADS CENTRAL SCHOOL Guthrie Sports Medicine MODERATE/SEVERE COVID-19 Return to Play Form

(Return this medical form to the Health Office)

If a student has tested positive and experienced a Moderate to Severe Case (See Definitions Below) of COVID-19, they should NOT exercise until they are cleared to return to physical activity by an approved health care provider. This form is needed for participation.

| DOB:  |  | Date of Positive Test:   | Date c   | or Evaluation:  |
|---|--|--|--|---|
|   |  | This Return to Play is Based   | d on Today's Evaluati  | ion.  |
| Criteria to returr  | n (Please o  | check below as applies to current  | patient status):   |   |
|   | 5 days h   | nave passed since time of diagnosi   | s/onset of symptoms  | i.  |
|   | Student  | has had no fever (>100 F) off of fo  | ever lowering medica   | tion for at least 24 hours  |
|   | Student  | presents negative cardiac screen   | for myocarditis/myo  | cardial ischemia  |
|   |  | Chest pain or tightness with exer  | cise   |   |
|   |  | Unexplained syncope/near synco   | ope  |   |
|   |  | Unexplained/excessive dyspnea/   | fatigue w/exertion   |   |
|   |  | New palpitations   |  |   |
|   |  | Heart murmur on exam   |  |   |
| Medical Office L  | Jse Only:  |  |  |   |
| Medical Office L  | Jse Only:  |  | Office Number:   |   |
| <b>Medical Office L</b><br>Provider's Name  | Jse Only:  |  |  |   |
| Medical Office U<br>Provider's Name<br>Office address:  | Jse Only:  |  |  |   |
| Medical Office L Provider's Name Office address: Physician must so                              | Jse Only:  |  | Played:  | Level Played:   |
| Medical Office L Provider's Name Office address:_ Physician must so □ Stude                     | Jse Only: e: elect applent < 12 ye   | ropriate determination*: Sport   | Played:<br>OVID and Gradual Ret  | Level Played:turn to Play Protocol <mark>IS</mark> required.  |
| Medical Office L Provider's Name Office address: Physician must so Stude                        | Jse Only: e: elect appi ent < 12 ye  | ropriate determination*: Sport ears old had Moderate/Severe CC   | Played:<br>OVID and Gradual Ret  | Level Played:turn to Play Protocol <mark>IS</mark> required.  |
| Medical Office L Provider's Name Office address: Physician must so Stude Stude                  | elect applent < 12 years > 12 years = 12 yea | ropriate determination*: Sport ears old had Moderate/Severe Co ears old had Moderate/Severe Co ediatric Association):                                    | Played:<br>DVID and Gradual Ret<br>DVID and Gradual Ret                        | Level Played:turn to Play Protocol <mark>IS</mark> required.<br>turn to Play Protocol <mark>IS</mark> required. |
| Medical Office L Provider's Name Office address: Physician must so Stude Stude ions (Per the Am | Jse Only:  elect apple ent < 12 years > 12 years = $\geq$ 4 da   | ropriate determination*: Sport ears old had Moderate/Severe CC ears old had Moderate/Severe CC ediatric Association): eys fever, ≥ 1 Week of High-Risk S | Played:<br>OVID and Gradual Ret<br>OVID and Gradual Ret<br>ymptoms (Fever > 10 | Level Played:turn to Play Protocol <mark>IS</mark> required.<br>turn to Play Protocol <mark>IS</mark> required. |
| Medical Office L Provider's Name Office address: Physician must so Stude Stude ions (Per the Am | Jse Only:  elect apple ent < 12 years > 12 years = $\geq$ 4 da   | ropriate determination*: Sport ears old had Moderate/Severe Co ears old had Moderate/Severe Co ediatric Association):                                    | Played:<br>OVID and Gradual Ret<br>OVID and Gradual Ret<br>ymptoms (Fever > 10 | Level Played:turn to Play Protocol <mark>IS</mark> required.<br>turn to Play Protocol <mark>IS</mark> required. |

## duated Return to Play Protocol (Monitored by PE or Athletic Coach)

- Stage 1: Day 1 and Day 2 (2 Days Minimum) 15 minutes or less Light activity (walking, jogging, stationary bike) NO resistance training.
- Stage 2: Day 3 (1 Day Minimum) 30 minutes or less Add simple movement activities (eg. running drills)
- Stage 3: Day 4 (1 Day Minimum) 45 minutes or less Progress to more complex training May add lightresistance training.
- Stage 4: Day 5 and Day 6 (2 Days Minimum) 60 minutes Normal training activity
- Stage 5: Day 7 Return to full activity/participation (eg. contests or competitions)
- If the student complains of any symptoms during the protocol, the protocol should be stopped, and the student should be referred back to their primary care provider. (From the American Academy of Pediatrics)

<sup>\*</sup> Horseheads Central School District reserves the right to have the decision reviewed by the district Physician if necessary.