

Wolcott Athletic Department
Return To Play Clearance Form
COVID-19 Infection Medical Clearance

Return-to-Play after COVID-19 Infection

The CIAC recommends that student-athletes who have tested positive for COVID-19 follow return-to-play guidelines established by medical professionals. Currently, the CIAC recognizes the joint guidance issued by the American Medical Society for Sports Medicine (AMSSM) and the National Federation of High Schools (NFHS) and the guidance issued by the American Academy of Pediatrics (AAP) as medically reviewed and established guidelines.

In consideration of recent studies, the AMSSM and NFHS expert task force updated cardiac assessment and return-to-play guidelines for high school student-athletes with prior SARS-CoV-2 infection. Compared to AAP guidance, which is broad guidance encompassing all pediatric age groups, the AMSSM and NFHS expert task force explicitly focused on the student-athlete demographic who engage in interscholastic competition. Therefore, the AMSSM and NFHS task force guidance directly applies and appertains to the CIAC's student-athlete population.

Name of Student-Athlete: _____ DOB: _____

Participating Sport(s): _____

Date COVID-19 Infection Diagnosed: _____

If symptomatic, date symptoms resolved: _____

COVID Case

- Asymptomatic or Mild illness- **See page 2.**
- Moderate symptoms or Initial Cardiopulmonary Symptoms- **See page 3.**
- Cardiopulmonary Symptoms on Return to Exercise- **See page 4.**
- Severe symptoms- **See page 5.**

Please Return Completed Forms To Your School Nurse

Asymptomatic or Mild Illness

Athletes with asymptomatic infections or only mild symptoms (e.g., common cold-like symptoms generally without fever, gastrointestinal symptoms, or loss of taste/smell) do not require formal medical evaluation or cardiac testing. However, athletes with any specific concerns should check in with a clinician (e.g., physician, nurse practitioner, physician assistant, or athletic trainer) to determine if further clinical evaluation is needed. Athletes should be 3 days from symptom onset or positive test before beginning an exercise progression (**while complying with public health guidelines for isolation**).

____/____/____, _____
(Student's First & Last Name)

Parent/Legal Guardian Authorization

(Parent/Guardian Name, Printed)

(Parent/Guardian Signature)

(Date)

Moderate Illness or Initial Cardiopulmonary Symptoms

Athletes with moderate symptoms (e.g., fever > 100.4°F, chills, flu like syndrome for 2:2 days) or initial cardiopulmonary symptoms (e.g., chest pain, dyspnea, palpitations) should be evaluated by a clinician. Cardiac testing (e.g., ECG, TTE, troponin) is recommended for athletes with cardiopulmonary symptoms during the acute phase of infection. Athletes with remote infections and moderate symptoms > 3 months ago who never received a work-up but have returned to full activity without symptoms do not need a medical evaluation or additional cardiac testing.

Cardiology consultation and cardiac MRI should be considered for abnormal results and as clinically indicated. We recommend athletes are 5 days from symptom onset and that moderate symptoms are fully resolved before starting an exercise progression.

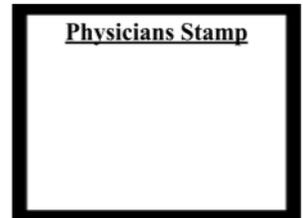
____/____/____, _____
(Student's First & Last Name)

No exercise for 5 days from symptom onset; moderate symptoms should be resolved before starting a gradual exercise progression.

Normal Testing- is medically cleared to participate in all athletics.

Abnormal Testing- Cardiology consultation and consider Cardiac MRI before a return to exercise progression.

Other Comments: _____



(Healthcare Provider Name, Printed)

(Healthcare Provider Signature)

(Date)

Parent/Legal Guardian Authorization

(Parent/Guardian Name, Printed)

(Parent/Guardian Signature)

(Date)

Cardiopulmonary Symptoms on Return to Exercise

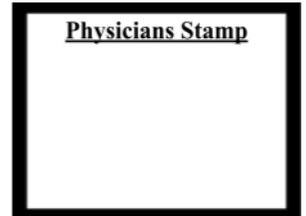
All athletes with SARS-CoV-2 infections should be closely monitored for new cardiopulmonary symptoms as they return to exercise. In general, athletes should feel well as they return to any level of training and exercise. Athletes with cardiopulmonary symptoms when they return to exercise (e.g., exertional chest pain, excessive dyspnea, syncope, palpitations, or unexplained exercise intolerance) should undergo additional cardiac testing (e.g., ECG, TTE, troponin) if not already performed and be evaluated by a cardiologist with consideration for a cardiac MRI or other investigations as indicated.

____/____/____, _____
(Student's First & Last Name)

Medical evaluation and consider ECG, ECHO, and Troponin. No exercise until evaluation is complete.

Cardiology consultation and consider Cardiac MRI before a return to exercise progression.

Other Comments: _____



(Healthcare Provider Name, Printed)

(Healthcare Provider Signature)

(Date)

Parent/Legal Guardian Authorization

(Parent/Guardian Name, Printed)

(Parent/Guardian Signature)

(Date)

Severe Symptoms

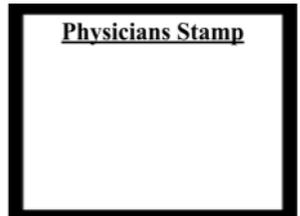
Athletes with severe disease requiring hospitalization, including those diagnosed with multisystem inflammatory syndrome in children (MIS-C), should undergo formal evaluation with a cardiovascular specialist prior to starting an exercise progression.

____/____/____, _____
(Student's First & Last Name)

A comprehensive medical evaluation and cardiology consultation is recommended. Consider ECG, ECHO, and Troponin. No exercise until evaluation is complete.

Cardiology consultation and consider Cardiac MRI before a return to exercise progression.

Other Comments: _____



(Healthcare Provider Name, Printed)

(Healthcare Provider Signature)

(Date)

Parent/Legal Guardian Authorization

(Parent/Guardian Name, Printed)

(Parent/Guardian Signature)

(Date)