



SDHSAA COVID-19 Return to Play Form

If a participant has tested positive for COVID-19, he/she must be cleared for progression back to activity by an approved health care provider (MD/DO/PAC/ARNP)

Individual's Name: _____ DOB: _____ Date of Positive Test: _____

THIS RETURN TO PLAY IS BASED ON TODAY'S EVALUATION

Date of Evaluation: _____

Criteria to return (Please check below as applicable)

- Individual **has recovered** from moderate illness or initial cardiopulmonary symptoms

Fever of greater than 100.4	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Chills	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Flu-like symptoms for 2 days or more	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Chest pain	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Dyspnea/Palpitations	YES <input type="checkbox"/>	NO <input type="checkbox"/>

- Individual **was not** hospitalized due to COVID-19 infection and did not exhibit severe illness

- Cardiopulmonary Symptoms with Return to Exercise have been explored with further testing as appropriate

Exertional chest pain	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Excessive dyspnea	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Palpitations	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Syncope	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Unexplained exercise intolerance	YES <input type="checkbox"/>	NO <input type="checkbox"/>

- Cardiac screen **negative** for myocarditis/myocardial ischemia (All answers below must be no)

Chest pain/tightness with exercise	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Unexplained Syncope/near syncope	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Unexplained/excessive dyspnea/fatigue w/exertion	YES <input type="checkbox"/>	NO <input type="checkbox"/>
New palpitations	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Heart murmur on exam	YES <input type="checkbox"/>	NO <input type="checkbox"/>

NOTE: If any cardiac screening question is positive or if participant was hospitalized, consider cardiology consultation. May include ECG, Echo, or Troponin.

- Individual HAS satisfied the above criteria and IS cleared to return to activity on the following date: _____
Note: A return to play plan should be individualized based on symptom presentation. No exercise should be attempted for 5-7 days from symptom onset and until all moderate illness symptoms have resolved.
- Individual HAS NOT satisfied the above criteria and IS NOT cleared to return to activity

Medical Office Information (Please Print/Stamp):

Evaluator's Name: _____ Office Phone: _____

Evaluator's Address: _____

Evaluator's Signature: _____

RTP Procedure adapted from Drezner et al. (2021). *Cardiopulmonary Considerations for High School Student Athletes During the COVID-19 Pandemic- Update to the NFHS-AMSSM Guidance Statement.* National Federation of State High School Associations, American Medical Society of Sports Medicine.