Student-Athlete Name: ____

THIS RETURN TO PLAY IS BASED ON TODAY'S EVALUATION

Date of Evaluation:_______________________Date of Positive Test: ________________
Date of Symptom Onset: __________________

Criteria to return (Please check below as applies)

- ☐ 10 days have passed since symptoms first appeared (e.g cough, shortness of breath)
- ☐ At least one day (24 hours) have passed since recovery (resolution of fever without the use of fever-reducing medication)
- ☐ Student-Athlete was not hospitalized due to COVID-19
- ☐ Cardiac screen negative for myocarditis/myocardial ischemia (All answers below must be no).

Chest pain/tightness with exercise	Yes ☐	No ☐
Unexplained Syncope/near syncope	Yes ☐	No ☐
Unexplained/excessive dyspnea/fatigue w/ exertion	Yes ☐	No ☐
New palpitations	Yes ☐	No ☐
Heart murmur on exam	Yes ☐	No ☐

Note: If any cardiac screen question is positive or if student-athlete was hospitalized, consider further work up as indicated by a Cardiology Consult

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☐ Student-athlete HAS satisfied the above criteria and IS cleared to start the graduated return to play protocol

☐ Student-athlete 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:____

I do hereby consent to such care and treatment as may be given to said child by any physician, athletic trainer, nurse, hospital or school representative, and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account on such care and treatment of said child. Your signature below gives authorization that is necessary for the school district, its athletic trainers, coaches associated physicians and student insurance personnel to share information concerning medical diagnosis and treatment of your child.

Parent/Guardian Signature:__________________________________ Date:______________

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