



Madison High School
170 Ridgedale Avenue, Madison, NJ 07940
COVID-19 Return to Play Form

If an athlete 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)

Athlete's Name _____ DOB _____

THIS RETURN TO PLAY IS BASED ON TODAY'S EVALUATION

Date of Evaluation _____ Date of Positive Test _____

Criteria to return (Please check below as applies)

- 10 days have passed since symptoms first appeared or positive test
- Symptoms have resolved (No fever \geq to 100.4 F) for 24 hours without fever reducing medication, improvement of symptoms (cough, shortness of breath)
- Athlete was not hospitalized due to COVID-19 infection
- 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 with 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 athlete was hospitalized, consider further workup as indicated. May include CXR, Spirometry, PFTs, Cardiology Consult

- Athlete HAS Met all return to play criteria and IS cleared for full participation in sports.
- Athlete HAS satisfied the above criteria and IS cleared to start the return to activity progression.
- Athlete HAS NOT satisfied the above criteria and IS NOT cleared to return to activity

Health Care Provider Name: _____ Phone _____

Address _____

Health Care Provider Signature: _____

Return to Play (RTP) Procedures After COVID-19 Infection

Athletes must complete the progression below without development of chest pain, chest tightness, palpitations, lightheadedness, pre-syncope or syncope. If these symptoms develop, athlete should be referred back to the evaluating provider who signed the form

- Day 1-2 Aerobic activity for 15 minutes (<70% Max heart heart) No Weight Lifting
- Day 3 Increasing intensity of aerobic activity for 30 minutes (<80% Max HR)
- Day 4 Increasing intensity of aerobic activity for 45 minutes (<80% Max HR) Light Resistance Training
- Day 5 Normal Training/Practice with Team
- Day 6 Normal Training/Ok to Scrimmage
- Day 7 Normal Training/Ok to Compete/Full Activity

- Cleared for Full Activity/Participation by School Personnel (Based on RTP Stages)

Name _____

Date _____