

MSHSAA 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 professional (MD/DO/PAC/ARNP/ATC). Clearance may be completed in person OR by phone/telehealth consultation.

Athlete's Name: _____ DOB: _____ Date of Symptom onset/Positive Test: _____

THIS RETURN TO PLAY IS BASED ON TODAY'S EVALUATION

Date of Evaluation: _____

Criteria to return (Please check below as applies)

- 5 days have passed since symptoms first appeared AND has had no fever ($\geq 100.4F$) for 24 hours without fever reducing medication and significant improvement of mild symptoms (cough, runny nose, sore throat)
- OR-**
- Student never had symptoms but tested positive and has been 5 days since positive test
- 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 | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Feels like will pass out or has nearly passed out | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Short of breath with simple exertion | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Feels like heart is racing fast in chest (palpitations) | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Persistent fatigue | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

NOTE: If any cardiac screening question is positive or if athlete was hospitalized, in office assessment is recommended to consider further workup or referrals as indicated.

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

Medical Office/Athletic Trainer Information (Please Print/Stamp):

Evaluator's Name (Print): _____ Office Phone: _____

Evaluator's 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, patient should be referred back to the evaluating provider who signed the form. **This progression may start no sooner than Day 6 from the start of symptoms or from a positive test if athlete was asymptomatic. Athletes must wear a mask IF around others during the 5 day RTP progression. If not around others during the 5 day RTP progression, a mask is not warranted.**

- **Day 1:** Light Activity (Walking, Jogging, Stationary Bike) for 15 minutes or less at intensity no greater than 70% of maximum heart rate. NO resistance training.
- **Day 2:** Add simple movement activities (EG. running drills) for 30 minutes or less at intensity no greater than 80% of max heart rate
- **Day 3:** Progress to more complex training for 45 minutes or less at intensity no greater than 80% max heart rate. May add light resistance training.
- **Day 4:** Normal Training Activity for 60 minutes or less at intensity no greater than 80% max heart rate
- **Day 5: Return to full activity**

Cleared for Full Participation (Minimum 5 days spent on RTP) by: _____

(Updated January 10, 2022)