

Medical Examination for Student with History of COVID-19 Diagnosis

The Hill School Wellness Center
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Student's Name _____ DOB _____ Form _____

Height _____ (inches) Weight _____ (lbs) Brachial Artery BP _____ / _____ Pulse _____

Allergies: _____ Medications Taking: _____

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
Eyes/Ears/Nose/Throat		
Hearing		
Lymph Nodes		
Cardiovascular		
Cardiopulmonary		
Lungs		
Abdomen		
Genitourinary (males only)		
Neurological		
Skin		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		

Check One and refer to Recommendations for Pediatric Patient with History of COVID-19 Infection (attached)

- Student with history of asymptomatic COVID-19
 Student with history of mild or moderate symptoms of COVID-19 NOT requiring hospitalization
 Student with history of severe symptoms of COVID-19 and requiring hospitalization

CLEARED **CLEARED**, with recommendation(s) for further evaluation or treatment for: _____

NOT CLEARED for the following types of sport participation:

- COLLISION CONTACT NON-CONTACT STRENUOUS MODERATELY STRENUOUS NON-STRENUOUS

Due to _____

Recommendation/Referral _____

Examiner's Name (print) _____ License # _____
Address _____ Phone () _____

Examiner's Signature _____ MD, DO, CRNP (circle one) Date of Exam ____/____/____

COVID-19 Screening Clinical Pathway-Children's Hospital of Philadelphia Outpatient Specialty Care and Primary Care

COVID-19 Return to Sports Participation for General Pediatricians

The following recommendations are based on the recent expert analysis from the [American College of Cardiology](#) review of published guidelines, and local expert consensus from the Division of Cardiology and Division of General Pediatrics.

For all COVID-19 positive patients, continue to follow CDC guidelines for isolation based on pertinent individual disease criteria.

Related specifically to sport and exercise

Asymptomatic COVID-19 patients should refrain from sports/exercise activity for at least 2 weeks. For symptomatic/non-hospitalized and symptomatic/hospitalized COVID-19 patients, a tiered approach exists based on disease severity, age, and level of sports participation. The subsequent recommendations may consist of a prolonged sports participation restriction, electrocardiogram (ECG), and/or outpatient cardiology evaluation.

Recommendations for Pediatric Patient with History of COVID-19 Infection

Note: Recommendations are subject to change, as more information about the cardiac manifestations of COVID-19 in our patients becomes available.

Asymptomatic Patients (e.g. testing due to exposure or incidental finding of positive test)	Refrain from sports and exercise for a minimum of 2 weeks
Patients with Mild or Moderate Symptoms not Requiring Hospitalization	< 12 yrs After symptoms have resolved, patients should refrain from sports and exercise for at least 2 weeks.
	≥ 12 yrs After symptoms have resolved, refrain from sports and exercise for at least 2 weeks. After at least 2 weeks without symptoms, primary care providers should obtain an ECG prior to return to competitive sports. An abnormal ECG warrants outpatient pediatric cardiology evaluation. For patients who are not involved in competitive athletics, an ECG is not routinely recommended.
Severe Symptoms Requiring Hospitalization	All patients requiring hospitalization for acute COVID-19 symptoms should be referred to outpatient cardiology for evaluation at least 2 weeks after discharge, sooner if cardiac concerns, regardless of age or activity level. Patients should be restricted from sports and exercise until the initial cardiology appointment, with anticipatory guidance that exercise restriction may last up to 3-6 months, depending on patient's inpatient clinical severity.

For ALL patients who are cleared for return to sports/exercise

- Slowly advance activity over a minimum of 7 days, and monitor for further symptoms.

COVID-19 Screening Clinical Pathway —Children’s Hospital of Philadelphia Outpatient Specialty Care and Primary Care

COVID-19 Return to Sports Participation for Pediatric Cardiologists

The following recommendations are based on the recent expert analysis from the [American College of Cardiology](#).

In order to clarify the various severities of COVID-19, CHOP Division of Cardiology has adjusted the ACC algorithm slightly, with the following classifications.

Recommendations for Pediatric Patient with History of COVID-19 Infection

Note: Recommendations are subject to change, as more information about the cardiac manifestations of COVID-19 in our patients becomes available.

Asymptomatic Patients (eg: testing due to exposure or incidental finding of positive test)

- Refrain from sports and exercise for a minimum of 2 weeks

Patients with Mild or Moderate Symptoms not Requiring Hospitalization

- **< 12 yrs**
After symptoms have resolved, patients should refrain from sports and exercise for at least 2 weeks.
- **≥ 12 yrs**
After symptoms have resolved, refrain from sports and exercise for at least 2 weeks.
- After at least 2 weeks without symptoms, primary care providers should obtain an ECG prior to return to sports.
- An abnormal ECG warrants outpatient pediatric cardiology evaluation.

Severe Symptoms Requiring Hospitalization

- Restrict from competitive sports for 3-6 months
- Patients should be evaluated in outpatient pediatric cardiology with a myocarditis-like management approach:
 - Obtain a baseline echocardiogram and ECG during the initial outpatient cardiology visit, if not obtained during prior hospitalization.
 - Consider a baseline cardiac MRI, particularly if inpatient ECG, echocardiogram, and/or troponin were abnormal or if outpatient ECG and/or echocardiogram are abnormal.
 - Obtain an echocardiogram, Holter monitor, and exercise stress test in 3-6 months in those with a history of myocardial involvement before returning to sports. It’s reasonable to consider obtaining all of these tests for all patients with COVID-19 requiring hospitalization, regardless of any documented myocardial involvement.
 - Consider a repeat cardiac MRI in 3-6 months if the baseline MRI was abnormal.

Multisystem inflammatory Syndrome in Children (MIS-C)

MIS-C is currently felt to be a post-infectious delayed immune response to prior COVID-19 infection. Patients with MIS-C should be followed by pediatric cardiology outpatient with return to sports dictated by pediatric cardiologist and often by multidisciplinary team.

Refer to [CHOP COVID-19 clinical pathways](#), including further information on evaluation and management of COVID-19 and MIS-C.