



HARRISON CENTRAL SCHOOL DISTRICT

COVID-19 Assessment & Clearance to Participate in Athletics

Students who have been diagnosed with COVID-19 may be at higher risk for cardiovascular complications, including myocarditis, and must be cleared by their physician to participate in athletics. This form must be completed by the student athlete's physician and returned to the school nurse.

Student Name: _____

Date of Birth: _____

Sport(s): _____

Date of COVID-19 Positive Test: _____

1. Was the student hospitalized due to COVID-19? YES (explain) NO
2. Does the student have any history of cardiac abnormalities? YES (explain) NO

Recent Symptoms:

1. Chest pain at rest or with exertion? (not musculoskeletal or costochondritis) YES (explain) NO
2. Shortness of breath with minimal activity? YES (explain) NO
3. Excessive fatigue with exertion? YES (explain) NO
4. Abnormal heartbeat or palpitations? YES (explain) NO
5. Syncope or near-syncope? YES (explain) NO

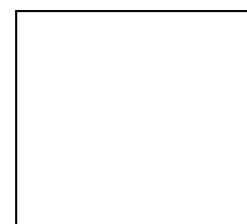
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6. Normal cardiovascular exam? YES NO
7. Is a cardiology referral indicated? YES NO
8. Student-athlete cleared for full activity, including high-intensity sports participation? YES NO

Comments (attach additional pages as needed): _____

Physician Printed Name

Physician Signature

Date



**Physician Stamp
REQUIRED**