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## **COVID-19 RETURN-TO-PLAY FORM**

Athlete's Name:	DOB:	Date of positive test:
THIS RETURN TO PLA	AY IS BASED UPO	N TODAY'S EVALUATION
☐ Criteria to return for COVID-19+ PATIENTS ASY (All listed criteria must be met in order to start G		/ITH MILD SYMPTOMS (No fever, <3 days of symptoms) y - GRTP):
☐ Asymptomatic for >14 days		
Classic for myocarditis/r		
Chest pain/tightness with exerc Unexplained Syncope/near sync		□ YES □ NO □ YES □ NO
Unexplained/excessive dyspnea/		
New palpitations	8	□ YES □ NO
Heart murmur on exam		□ YES □ NO
NOTE: If any cardiac screening question is positi	ive, perform further ca	ardiac testing or refer to cardiologist.
☐ Criteria to return for COVID-19+ PATIENTS W  (All listed criteria must be met in order to start G  ☐ Asymptomatic for >14 days  ☐ Athlete was not hospitalized due to COV  ☐ Cardiac evaluation has been performed be normal	RTP): VID-19 infection	YMPTOMS (Prolonged fevers and bedrest)  undergone appropriate cardiac testing (ECG testing is
Criteria to return for COVID-19+ PATIENTS W	/ITH SEVERE SYMP	PTOMS (Hospitalized and abnormal cardiac testing)
MUST be cleared by a cardiologist  ☐ Athlete HAS satisfied the above criteria a ☐ Athlete HAS NOT satisfied the above cri	and IS cleared to start t	he return to activity progression.  ared to return to activity.
MUST be cleared by a cardiologist  ☐ Athlete HAS satisfied the above criteria a ☐ Athlete HAS NOT satisfied the above criteria a  Recommendation(s):	and IS cleared to start t iteria and IS NOT clea	he return to activity progression.  ured to return to activity.
MUST be cleared by a cardiologist  ☐ Athlete HAS satisfied the above criteria a ☐ Athlete HAS NOT satisfied the above criteria a  Recommendation(s):  Provider's Name:	and IS cleared to start t iteria and IS NOT clea	he return to activity progression.  ured to return to activity.  Office Phone:
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MUST be cleared by a cardiologist  Athlete HAS satisfied the above criteria a  Athlete HAS NOT satisfied the above criteria a  Recommendation(s):  Provider's Name:  Provider's Address:  Provider's Signature:  GRADUAL RETURN TO PLAY (G	and IS cleared to start to iteria and IS NOT clea	he return to activity progression.  ured to return to activity.  Office Phone:
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MUST be cleared by a cardiologist  Athlete HAS satisfied the above criteria a  Athlete HAS NOT satisfied the above criteria a  Recommendation(s):  Provider's Name:  Provider's Address:  Provider's Signature:  GRADUAL RETURN TO PLAY (Consumptions develop, patient should be referred back to the evaluation of the symptoms develop, patient should be referred back to the evaluation of the symptoms develop, patient should be referred back to the evaluation of the symptoms develop.	Da Control of chest pain, chest tightness, jogging, stationary bike	he return to activity progression.  The return to activity.  Office Phone:  The of Evaluation:  JRES AFTER COVID-19 INFECTION  The ess, palpitations, lightheadedness, pre-syncope or syncope. If these
MUST be cleared by a cardiologist  Athlete HAS satisfied the above criteria a  Athlete HAS NOT satisfied the above criteria a  Recommendation(s):  Provider's Name:  Provider's Address:  Provider's Signature:  GRADUAL RETURN TO PLAY (Consumptions develop, patient should be referred back to the evaluation of the stage 1: (2 days minimum) Light Activity (walking, maximum heart rate.	Dates:catcivities (EG. Running	he return to activity progression.  ared to return to activity.  Office Phone:  DRES AFTER COVID-19 INFECTION  ess, palpitations, lightheadedness, pre-syncope or syncope. If these  and the form above. Max HR Rate is defined as 220-age.  e) for 15 minutes or less at intensity no greater than 70% of
MUST be cleared by a cardiologist  Athlete HAS satisfied the above criteria a  Athlete HAS NOT satisfied the above criteria a  Recommendation(s):  Provider's Name:  Provider's Address:  Provider's Signature:  GRADUAL RETURN TO PLAY (Control of the symptoms develop, patient should be referred back to the evaluation of the symptoms develop, patient should be referred back to the evaluation of the symptoms develop	Dates:extraining for 45 minut	he return to activity progression.  ared to return to activity.  Office Phone:  DRES AFTER COVID-19 INFECTION  ess, palpitations, lightheadedness, pre-syncope or syncope. If these seed the form above. Max HR Rate is defined as 220-age.  e) for 15 minutes or less at intensity no greater than 70% of
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