



# 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. For students who have been diagnosed with COVID-19 in the past 90 days and at least 10 days have passed since the positive diagnosis, 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

### Severity of Symptoms (select one):

- 1. **Mild Case** (no fever or < 4 days of fever, short duration of myalgia, lethargy)
  - 2. **Moderate Case** (fever for 4 days or more, no hospitalization – EKG recommended)
  - 3. **Severe Case** (hospitalization – EKG & cardiology referral required)
- For moderate and severe cases, cardiovascular exam normal?**  YES  NO

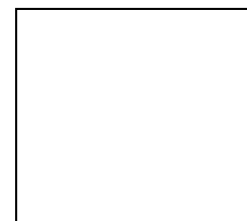
**Student-athlete cleared for full activity, including high-intensity sports participation?**  YES  NO

Comments (attach additional pages as needed): \_\_\_\_\_

\_\_\_\_\_  
Physician Printed Name

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date



**Physician Stamp  
REQUIRED**