

## Parent/Guardian Athlete Notification: COVID-19 Positive Return to Play

---

Thornton Academy recognizes that a positive COVID-19 infection has been linked to cardiovascular concerns in athletes if not recognized and managed properly:

*Emerging observational data coupled with widely publicized reports of athletes in competitive sports with reported COVID-19–associated cardiac pathology suggest that myocardial injury may occur in cases of COVID-19 that are asymptomatic and of mild severity. In the absence of definitive data, there is ongoing uncertainty about the optimal approach to cardiovascular risk stratification of athletes in competitive sports following COVID-19 infection<sup>1</sup>.*

The Academy adopts this policy to promote the safety of students participating in school activities, including but not limited to extracurricular athletic activities and interscholastic sports.

---

It is the responsibility of the parent/guardian to inform the school nurse of a COVID-19 positive test result or identification of a presumptive positive status.

- The school's protocols:
  - Removal of the student from the activity when the student tests positive (or has been identified as presumptive positive).
  - The school nurse will communicate to the parent/guardian that the student cannot participate in athletics until cleared by the student's health care physician through the COVID-19 Return to Play Clearance Form.
  - The use of the TA COVID-19 Return to Play Clearance Form is the **required** form of communication regarding medical clearance (a copy of this form is available in the school nurse's office and on the Thornton Academy website.)
  - It is the responsibility of the parent/guardian to provide the TA COVID-19 Return to Play Clearance form to the **school nurse**.
  - When the school nurse has received a student's COVID-19 Return to Play Clearance Form, the school nurse in conjunction with the Athletic Trainer and other school personnel shall accommodate a gradual return to play.
  - At this time, all athletes returning to athletics after a positive COVID-19 test result will need to progress through a gradual Return to Play progression before full clearance.

<sup>1</sup>Kim JH, Levine BD, Phelan D, et al. Coronavirus Disease 2019 and the Athletic Heart: Emerging Perspectives on Pathology, Risks, and Return to Play. *JAMA Cardiol*. Published online October 26, 2020. doi:10.1001/jamacardio.2020.5890

## **TA COVID-19 Return to Play Clearance 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 provider (MD/DO/PAC/ARNP)

### **THIS RETURN TO PLAY IS BASED ON TODAY'S EVALUATION**

Date: \_\_\_\_\_

Athlete's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Date of Positive Test: \_\_\_\_\_ Date of Evaluation: \_\_\_\_\_

#### **Criteria to return (Please check below as applies)**

- 10 days have passed since symptoms first appeared and symptoms have resolved (No fever ( $\geq 100.4F$ ) for 24 hours without fever reducing medication, improvement of symptoms (cough, shortness of breath) **OR** was asymptomatic for 10 days following 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 with exercise	YES <input type="checkbox"/> NO <input type="checkbox"/>
Unexplained Syncope/near syncope	YES <input type="checkbox"/> NO <input type="checkbox"/>
Unexplained/excessive dyspnea/fatigue w/exertion	YES <input type="checkbox"/> NO <input type="checkbox"/>
New palpitations	YES <input type="checkbox"/> NO <input type="checkbox"/>
Heart murmur on exam	YES <input type="checkbox"/> NO <input type="checkbox"/>

**NOTE: If any cardiac screening question is positive or if an athlete was hospitalized, consider further workup as indicated. May include CXR, Spirometry, PFTs, Chest CT, Cardiology Consult.**

#### **Please select one:**

- Athlete HAS NOT satisfied the above criteria and IS NOT cleared to return to activity.
- Athlete HAS satisfied the above criteria and IS cleared to return to activity with a **gradual progression.**

#### **Medical Office Information (Please Print/Stamp):**

Evaluator's Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Evaluator's Address: \_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_