



COVID-19 Return to Play Screening for Students

Student's Name _____

Date of COVID-19 positive test: _____

Date student can return to sports: _____

Severity: Asymptomatic Mild Moderate Severe

Known significant heart disease Y N

Following resolution of acute COVID-19 infection, has the student had:

 Chest pain/discomfort/tightness/pressure Y N

 Unexplained syncope or near syncope Y N

 Unexplained shortness of breath or fatigue Y N

 Palpitations Y N

On exam, has the patient had:

 Abnormal cardiac findings (murmur, gallop, etc.) Y N

 Hepatomegaly Y N

 Abnormal pulmonary findings Y N

 Swelling/edema Y N

Pediatric Cardiology referral made? Y N

Do you have any other concerns about the patient returning to play? Y N

Do you recommend a *Return to Play* protocol? Y N

If the severity is asymptomatic or mild and all of the above are "No," the student is cleared to return to play.

Physician's Stamp and Signature _____ **Date** _____