



# SPRING-FORD AREA SCHOOL DISTRICT

SPRING-FORD AREA SENIOR HIGH SCHOOL – 10-12 GRADE CENTER

350 SOUTH LEWIS ROAD, ROYERSFORD, PA 19468

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Dear Sport Participant,

As we learn more about the long-term effects after a COVID-19 diagnosis, there are case reports suggesting that inflammation of the heart can occur (also known as myocarditis). With the health and safety of our student athletes as our priority, we have considered and implemented the recommendations for athletes returning to play after a COVID-19 diagnosis from The American College of Cardiology's Sports and Exercise Cardiology Council and The American Academy of Pediatrics. **Effective January 7<sup>th</sup>, 2022** any student athlete in-season or in out of season workouts, that was diagnosed with a positive result by either a lab result and/or home test of COVID-19 must be cleared by an approved health care provider for return to play. Clearance from an in-person or telemedicine provider is acceptable. Once completed, please return the completed form to the Athletic Office. Please see forms below/attached.

Sincerely,

SFASD Athletic Department  
COVID Taskforce Team



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If an athlete has tested positive for COVID-19, he/she must be cleared for activity, **and this form must be completed by an approved health care provider (MD/DO/PAC/CRNP)**

Athlete's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date of Positive Test: \_\_\_\_\_

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

Date of Evaluation: \_\_\_\_\_

Criteria to return (Please check below as applies)

- 5 days have passed since onset of symptoms OR has been asymptomatic throughout 5 days of quarantine
  - Symptoms have resolved (No fever ( $\geq 100.4F$ ) for 24 hours without fever reducing medication, improvement of symptoms (cough, shortness of breath)
  - Athlete was not hospitalized due to COVID-19 infection.
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- Athlete IS cleared to return to activity fully, *without completing the return to play progression on the reverse of this form*
  - Athlete IS cleared to start the return to play progression on the reverse of this form.
  - Athlete IS NOT cleared to return to activity
- Medical Office Information (Please Print/Stamp):

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

Provider's Address: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_



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Return to Play (RTP) Procedures After COVID-19 Infection Athletes must complete the progression below without development of chest pain, chest tightness, palpitations, lightheadedness, pre-syncope, or syncope. ***If these symptoms develop, patient should be referred back to the evaluating provider who signed the form.***

**Stage 1: (2 Days Minimum)** Light Activity (Walking, Jogging, Stationary Bike) for 15 minutes or less at intensity no greater than 70% of maximum heart rate. NO resistance training.

**Stage 2: (1 Day Minimum)** Add simple movement activities (EG. running drills) for 30 minutes or less at intensity no greater than 80% of maximum heart rate

**Stage 3: (1 Day Minimum)** Progress to more complex training for 45 minutes or less at intensity no greater than 80% maximum heart rate. May add light resistance training.

**Stage 4: (2 Days Minimum)** Normal Training Activity for 60 minutes or less at intensity no greater than 80% maximum heart rate

**Stage 5:** Return to full activity