PRISMA HEALTH
Steadman Hawkins
Sports Medicine

Covid-19 Return to Sport Clearance

The purpose of this clinical tool is to help identify Middle School and High School Athletes who may be at risk for cardiac complications from COVID-19 infection and outline the general return to play protocol after cardiac clearance. We hope to emphasize the importance of the primary care providers evaluating and clearing the individual student athlete.
If there are cardiac clearance concerns, Pediatric Cardiology is available for consultation.
Many schools have Athletic Trainers available to assist with return them to sport; Sports Medicine is available for consultation if needed.

Athlete Name:_____ Sport:_____

School:_____

Date of symptom onset (if any): _____ Date of Positive Test:_____

When did you last experience symptoms: _____

What symptoms did you experience while you were ill? (Choose all that apply):

☐ Fever ☐ Cough ☐ Shortness of Breath ☐ Chest Pain or Tightness

☐ Fatigue ☐ Muscle Aches ☐ Headache ☐ Runny Nose or Congestion

☐ Loss of Smell ☐ Loss of Taste ☐ Nausea/Vomiting ☐ Sore Throat ☐ Diarrhea

☐ Other (please list): _____

☐ I did not have any symptoms

Were you ever hospitalized for treatment related to Covid-19?: ☐ YES ☐ NO

*If you answered "YES", did you require oxygen or ICU care? ☐ OXYGEN ☐ ICU ☐ NEITHER

Are you currently experiencing any of the following symptoms?

☐ Recurrent Fever ☐ Shortness of Breath with Activity ☐ Shortness of Breath at Rest

☐ Leg Swelling ☐ Chest Pain or Tightness with Activity ☐ Chest Pain or Tightness at Rest

☐ Persistent Fatigue ☐ Dizziness or Lightheadedness ☐ Palpitations or Abnormal Heart Rhythm

☐ Rapid Heart Beats ☐ Other (please list): _____

☐ **I Feel Like my Normal Self**

Do you have a history of ANY of the following (Choose all that apply)?:

☐ High Blood Pressure ☐ Diabetes ☐ Asthma ☐ High Cholesterol

☐ Sickle Cell Disease ☐ Sickle Cell Trait ☐ Kidney Disease ☐ Lung Disease

☐ Smoking (cigarettes, marijuana, vaping, etc) ☐ Cancer ☐ Abnormal Heart Rhythm

☐ Other Heart Problems (**Please describe**): _____

Athlete Signature _____ Parent Signature_____