

M Mamaroneck Union Free School District M

Bari Suman, Director of Health, Physical Education & Athletics

bsuman@mamkschools.org

1000 West Boston Post Road

Mamaroneck, NY 10543

COVID-19 Assessment & Clearance to Participate in Athletics

Dear Parent/Guardian and Health Care Provider,

In an effort to ensure the safety of student-athletes, Mamaroneck Union Free School District has adopted a return to sports protocol for athletes with a history of a COVID-19 infection.

The question of returning to sports is particularly significant due to the known propensity of COVID-19 infection to cause cardiac damage and myocarditis. **The student-athlete must be symptom-free, reinstated and attending classes in school prior to returning to sports participation. At the earliest, this will be Day 6.**

This form must be completed by student athlete's Health Care Provider at least 5 days after the positive diagnosis & returned to the school nurse.

MHS Dina Murphy dmurphy@mamkschools.org or Maureen Crean Mcrean@mamkschools.org Phone 220-3110

HMX Jackie Sheppard jsheppard@mamkschools.org or Erin Irwin eirwin@mamkschools.org Phone 220-3310

Student Name: _____ DOB: _____

Sport: _____ Date of COVID-19 Positive Test: _____

1. Was the student hospitalization due to COVID-19? YES NO
2. Does the student have any history of cardiac abnormalities? YES NO

Recent Symptoms:

1. Chest pain at rest or with exertion? (not musculoskeletal/costochondritis) YES NO
2. Shortness of breath with minimal activity? YES NO
3. Excessive fatigue with exertion? YES NO
4. Abnormal heartbeat or palpitations? YES NO
5. Syncope or near-syncope? YES NO

Is there an indication for cardiology referral? (If yes, student may not be cleared for sports)

YES NO

Is the above student-athlete cleared for full activity, including high intensity sports participation?

YES NO

Health Care Provider Name: _____ Date: _____

Health Care Provider Signature: _____

Health Care Provider
Stamp

REQUIRED

