

COVID-19 Return to Physical Activity Release From

Student must fulfill Lyme-Old Lyme Public Schools isolation requirements

The information below must be completed by the student’s licensed medical professional pursuant to chapter 370 (MD/DO), a physician assistant licensed pursuant to chapter 370 (PA-C) or an advanced practice registered nurse licensed pursuant to chapter 378 (APRN)

Once completed by Physician (MD/DO), APRN or PA-C, and the student is cleared to return to physical activity, they must obtain final return to sport clearance with the athletic training staff before they can return to practice or competition

Student’s First and Last Name: _____

Date of COVID-19 positive test: _____

Date of COVID-19 symptom resolution: _____

Severity (check one): Asymptomatic Mild Moderate Severe

Known significant heart disease (check one): Yes No

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

Chest pain/discomfort/tightness/pressure: Yes No

Unexplained syncope or near syncope: Yes No

Unexplained shortness of breath or fatigue: Yes No

Palpitations: Yes No

On exam, the patient had:

Abnormal cardiac findings (murmur, gallop, etc.) Yes No

Hepatomegaly: Yes No

Abnormal pulmonary findings: Yes No

Swelling/edema: Yes No

Do you have any other concerns about the patient returning to physical activity? Yes No

If the severity is asymptomatic or mild and all of the above are “No,” the patient may be cleared to return to play without a Pediatric Cardiology referral or specific cardiac testing.

*This form does not take place of routine pre-participation screening, which includes additional questions

Version Date 12/29/2020

Written and approved by: Cheyenne Beach, MD; Erin Faherty, MD; John Fahey, MD; Fil-ancy Rollinson, PNP

Medical Authorization Form:

**Participation Clearance Following a COVID-19 Infection
Lyme-Old Lyme High School Athletics**

Health Care Provider Authorization

Based upon the assessment completed on ___/___/___, _____,
(student's first & last name)

___/___/___ is medically cleared to return to physical activity as determined below:
(date of birth)

Physician must check one (1) box below, otherwise, the student athlete will be required to complete all five (5) stages of the AAP Gradual Return-to-Play (RTP) Plan as identified in the CIAC Winter Sports Plan:

- Athlete is cleared to return to all athletic activities, including competition
 - *this confirms the assessment of the student incorporated AAP RTP protocol*
 - *student-athlete must complete at least **one** practice session before eligible for game play; under the direction of the athletic trainer in consultation with coaching staff*
- Athlete is cleared to enter AAP RTP protocol, starting at:
 - Stage 1
 - Stage 2
 - Stage 3
 - Stage 4 – Day 1
 - Stage 4 – Day 2
- Athlete is cleared to return to physical activity but must complete Stages 1-5 of the AAP RTP plan

(health care provider name, printed) _____
(health care provider signature) ___/___/___
(date)

Parent/Legal Guardian Authorization

I attest that _____ has been evaluated by an
(student's first & last name)

authorized medical provider and give my consent for his/her participation in a phased approach to in their return to the sports program at _____ following the guidelines of the CIAC
(name of school)

protocol for a gradual return to play.

(parent/guardian name, printed) _____
(parent/guardian signature) ___/___/___
(date)