

FAIRFIELD PUBLIC SCHOOLS
COVID-19 RETURN TO PLAY MEDICAL CLEARANCE

The CIAC has recently updated guidelines for athletes returning to play after a COVID-19 infection. These updates now align with the AMSSM and NFHS recommendations from January 2022. The new updates include the following.

- **Asymptomatic and mild symptoms:** Athletes with asymptomatic infections or only mild symptoms (e.g., common cold-like symptoms generally without fever, gastrointestinal symptoms, or loss of taste/smell) do not require formal medical evaluation or cardiac testing. Athletes should be 3 days from symptom onset or positive test before beginning an exercise progression while in isolation.
- **Moderate and cardiopulmonary symptoms:** Athletes with moderate symptoms (e.g., fever > 100.4°F, chills, flulike syndrome for ≥ 2 days) or initial cardiopulmonary symptoms (e.g., chest pain, dyspnea, and palpitations) should be evaluated by a clinician. For those diagnosed more than 3 months ago, please see below. Cardiac testing (e.g., ECG, TTE, troponin) is recommended for athletes with cardiopulmonary symptoms during the acute phase of infection. We recommend athletes are 5 days from symptom onset and that moderate symptoms are fully resolved before starting an exercise progression while in isolation.
- **Severe symptoms:** Athletes with severe disease requiring hospitalization, including those diagnosed with multisystem inflammatory syndrome in children (MIS-C), should undergo formal evaluation with a cardiovascular specialist prior to starting an exercise progression.

Please visit the following link to read the complete CIAC COVID-19 Guidance Document.
https://www.casciac.org/pdfs/CIACUpdatedWinterandSpring2021-2022COVID_Feb_18_2022.pdf

Please have a physician complete this form and return it to the athletic trainer if your son or daughter has tested positive for COVID-19 and experienced moderate or severe symptoms. There is no need to complete this form if your son or daughter tested positive for COVID-19 but was asymptomatic, only experienced mild symptoms or had moderate symptoms over 3 months ago and has already returned to full activity without symptoms.

Name of Athlete: _____
Date of COVID-19 positive test: _____
Date of COVID-19 symptom resolve: _____
Participating sport: _____
Symptoms Experienced:

- Moderate symptoms (fever > 100.4°F, chills, flulike syndrome for 2:2 days)
- Severe symptoms (hospitalized in ICU and/or MIS-C)

As the examining practitioner, I attest that the above-named student-athlete is now reporting to be completely free of all signs and symptoms of COVID-19, has been medically cleared and may begin an individualized exercise progression.

Signature of Health Care Provider

Date

Name and Title

Name of Medical Practice and Phone Number (office stamp)