



White Plains Public Schools
WHITE PLAINS HIGH SCHOOL
 550 NORTH ST
 WHITE PLAINS, NEW YORK 10605
 914-422-2236

Matt Cameron
 DIRECTOR OF ATHLETICS

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, the White Plains City 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 this season due to the known propensity of COVID-19 infection to cause cardiac damage and myocarditis.

If the student athlete had 4 days moderate/significant symptoms (fever >100.4, myalgia, excessive fatigue) or hospitalization or has known cardiac disease then they must receive EKG and/or clearance from a cardiologist.

This form must be completed by the student's athlete's Health Care Provider and returned to the school nurse.

Students 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
6. Normal cardiovascular exam? ____ YES ____ NO

Is there an indication for cardiology referral? ____ YES ____ NO
 (If yes, student may not be cleared for sports)

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: _____

Healthcare Provider Stamp REQUIRED