



## **9-R COVID-19 Primary Care Provider Clearance**

The following student-athlete, \_\_\_\_\_ has been referred to you due to a positive COVID test for further medical guidance.

### **To facilitate safe return to sport please indicate the following:**

- ☐ Student is cleared to return to sports fully without exception \_\_\_\_\_
- ☐ Student is cleared to begin the 7 day \*Return to Play Protocol on \_\_\_\_\_
- ☐ Student is cleared to return to sports with the following modifications:

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Signature of Physician/Medical Provider  
office stamp

Date

Address/phone # or

### **Parent or Staff Release of Information**

- ☐ Verbal permission obtained from guardian/employee to send directly to the school.

\*RETURN TO PLAY: This is a graduated return to play for post-covid that is managed by either an athletic trainer or coach.

FOR GUIDANCE REGARDING RETURN TO PLAY AFTER COVID-19:

<https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-interim-guidance-return-to-sports/>