

Wenatchee School District

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COVID-19 Return to Activity Form

School:Sport/Acti	ivity:
Brief COVID-19 History	
Date of Evaluation:// ☐ Positive test with no symptoms	
Date of symptom onset:/ □ Positive test with □ mild □	noderate □ severe symptom
Date of Positive Test:/	
☐ At least 7 days with no symptoms or fever (without fever reducing	medications)
☐ At least 10 days have passed since the date of positive COVID-19	test
☐ Able to tolerate activities of daily living without cough, shortness of	f breath, or fatigue
☐ Cardiac screen (All answers below must be no):	
 Chest pain/tightness with activities of daily living 	YES D NO D
 Chest pain/tightness with exertion 	YES D NO D
 Unexplained syncope or near syncope 	YES 🗆 NO 🗅
 Unexplained/excessive dyspnea or fatigue with exertion 	YES 🗆 NO 🗅
 Palpitations (skipped heart beats, racing heart) with activity 	YES 🗆 NO 🗅
□ Screen completed by medical provider (name/date): Stage 1: (2 Days Minimum) Light Activity (Walking, Jogging, State	
	tionary Bike) for 15
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