



## COVID-19 Return to Activity Form

**Student-Athlete Name:** \_\_\_\_\_ **DOB:** \_\_\_/\_\_\_/\_\_\_

**School:** \_\_\_\_\_ **Sport/Activity:** \_\_\_\_\_

### Brief COVID-19 History

Date of Evaluation: \_\_\_/\_\_\_/\_\_\_  Positive test with no symptoms

Date of symptom onset: \_\_\_/\_\_\_/\_\_\_  Positive test with  mild  moderate  severe symptoms

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 breath, or fatigue

Cardiac screen (All answers below must be no):

- Chest pain/tightness with activities of daily living YES  NO
- Chest pain/tightness with exertion YES  NO
- 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, Stationary Bike) for 15 minutes or less at intensity no greater than 70% of maximum heart rate. NO resistance training.

Completion Date: \_\_\_\_\_ HCP Initial: \_\_\_\_\_

**Stage 2: (2 Day Minimum) Add simple movement activities** (EG. running drills) for 30 minutes or less at intensity no greater than 80% of maximum heart rate.

Completion Date: \_\_\_\_\_ HCP Initial: \_\_\_\_\_

**Stage 3: (2 Day Minimum) Progress to more complex training** for 45 minutes or less at intensity no greater than 80% maximum heart rate. May add light resistance training.

Completion Date: \_\_\_\_\_ HCP Initial: \_\_\_\_\_

**Stage 4: (2 Days Minimum) Increasing intensity and duration of training** for 60 minutes or less at intensity no greater than 80% maximum heart rate.

Completion Date: \_\_\_\_\_ HCP Initial: \_\_\_\_\_

**Stage 5: Return to Full Training Sessions** without restrictions or limitations on intensity or duration.

Completion Date: \_\_\_\_\_ HCP Initial: \_\_\_\_\_

### NOTIFICATIONS:

AD: YES  NO

School Nurse: YES  NO

PCP: YES  NO

Head Coach: YES  NO

Parent: YES  NO

Other: \_\_\_\_\_

HCP Name (printed): \_\_\_\_\_

HCP Signature: \_\_\_\_\_