

Post COVID-19 Clearance

Name of Student/ Athlete: _____

Date of Positive test or Onset of Symptoms: _____

Severity of symptoms (Please choose)

Mild

Asymptomatic or mildly symptomatic (< 4 days of fever > 100.4F, < 1 week of myalgia, chills, lethargy)

Moderate

> 4 days of fever > 100.4F, > 1 weeks of myalgia, chills, lethargy, or a non- ICU hospital stay and no evidence of multisystem inflammatory syndrome, *EKG required*

Severe

ICU stay and/ or intubation or multisystem inflammatory syndrome. It is recommended that they be restricted from exercise for a minimum of 3 to 6 months and obtain cardiology clearance prior to resuming training or competition.

Student/ Athlete:

Medically eligible for sports/ physical education without restrictions

Not medically eligible for any sports, pending further evaluation

Health Care Provider Signature:

Date:

Health Care Provider Office Stamp: