

COVID-19 Return to Play Form

•	•	with or without symptoms, they must be cleared for re provider (MD/DO/PA/NP).
Athlete Name:	DOB:	Date of Positive Test:
THIS RET	JRN TO PLAY IS BA	SED ON TODAY'S EVALUATION
Date of Evaluation:		
Criteria to return (Please check	below as applies)	
☐ 10-14 days have pas	sed since symptoms first ap	peared
☐ Symptoms have resorted of symptoms (cough, should be seen as a symptom of symptom of symptoms).		or 72 hours without fever reducing medication, improvement
☐ Athlete was not hosp	oitalized due to COVID-19 ir	ifection
☐ Athlete needs fo considerations such as	•	evaluation including but not limited to cardiopulmonary
		ared to start the return to activity progression. S NOT cleared to return to activity.
Provider's Name:	Of	fice Phone:
Provider's Address:		
Provider's Signature:		
Returr	to Play (RTP) Proced	ures After COVID-19 Infection
lightheadedness, pre-syncope of provider who signed the form a	r syncope. If these symptor bove. Max HR Rate is defin	nent of chest pain, chest tightness, palpitations, ms develop, patient should be referred back to the evaluating ed as 220-age. Ogging, stationary bike) for 15 minutes or less at intensity no
greater than 70% of ma • Stage 2: (1 day minimum no greater than 80% of	ximum heart rate. NO resis n) Add simple movement a maximum heart rate.	tance training. ctivities (EG. Running drills) for 30 minutes or less at intensity
 Stage 3: (1 day minimur 	ii) Progress to more comple	ex training for 45 minutes or less at intensity no greater than

Cleared for Full Participation by Athletic Trainer (minimum 7 days spent on RTP): _____

• Stage 4: (2 Days Minimum) Normal training activity for 60 minutes or less at intensity no greater than 80%

80% maximum heart rate. May add light resistance training.

Stage 5: Return to Full Activity (1 Day minimum)

maximum heart rate.