

RETURN TO PLAY ASSESSMENT POST-COVID 19 INFECTION

Assessment Date: \_\_\_\_\_

Athlete's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date of Positive Test: \_\_\_\_\_

THIS RETURN TO PLAY ASSESSMENT IS BASED ON TODAY'S EVALUATION. IF NEW SYMPTOMS DEVELOP, THE ATHLETE UNDERSTANDS THAT THEY MUST DISCONTINUE EXERCISE AND CONTACT THEIR PHYSICIAN.

**TO BE FILLED OUT BY PATIENT/PARENT:**

How many days did you experience fever during your COVID infection? \_\_\_\_\_

How many days did you experience systemic symptoms such as excessive fatigue, body aches or chills? \_\_\_\_\_

Were you hospitalized at any point during the infection? YES  NO

Current symptoms (check all that apply):

\_\_\_ Congestion/runny nose

\_\_\_ Sore throat

\_\_\_ Cough

\_\_\_ Loss of taste or smell

\_\_\_ Nausea/Vomiting/Diarrhea

\_\_\_ Headache

\_\_\_ Muscle or Body aches

\_\_\_ Fever or chills

At any point since your diagnosis have you experienced:

\_\_\_ Chest pain/tightness?

\_\_\_ Fainting or significant dizziness?

\_\_\_ Shortness of breath/fatigue w/exertion?

\_\_\_ Palpitations/heart racing/skipped beats?

In the past have you:

\_\_\_ Had exertional chest pain/discomfort

\_\_\_ Fainted during or immediately after exercise

\_\_\_ Had excessive fatigue with exertion or exercise

\_\_\_ Been told you had a heart murmur

\_\_\_ Had tests of your heart (EKG, Echocardiogram) ordered by a physician

\_\_\_ Been told you had high blood pressure

\_\_\_ Been restricted from sports by a doctor

Do you have a family history of the following:

\_\_\_ A relative with sudden, unexplained death or death/disability from heart disease below age 50

\_\_\_ A relative with hypertrophic or dilated cardiomyopathy, long QT syndrome, channelopathy or other significant rhythm disturbance, Marfan Syndrome

I certify that all of the above is true and that if my symptoms change I will discontinue exercise and contact my physician immediately.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

**TO BE FILLED OUT BY PHYSICIAN:**

10 days have passed since positive test and symptoms have significantly improved (this includes no temp ≥ 100.4F for 24 hours without fever reducing medications) OR patient was asymptomatic for 10 days following positive test

Athlete was not hospitalized due to COVID-19 infection and had mild symptoms (defined as fever and systemic symptoms being present less than 4 days).

Cardiac screening questions are negative and physical exam is not concerning for myocarditis.

Athlete HAS satisfied the above criteria and **IS** cleared to start the return to activity progression.

Athlete HAS NOT satisfied the above criteria and **IS NOT** cleared to return to activity

Evaluator's Signature: \_\_\_\_\_

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