



MSHSAA

RETURN TO PLAY POST COVID-19 INFECTION



ATHLETE WITH COVID-19 POSITIVE TEST WITHIN THE LAST 2 MONTHS

IF SYMPTOMATIC, A MINIMUM OF 10 DAYS HAVE PASSED SINCE ONSET OF SYMPTOMS
- AND -
SYMPTOMS HAVE RESOLVED – NO FEVER (≥ 100.4) FOR 24 HOURS WITHOUT FEVER
REDUCING MEDICATION IMPROVEMENT IN RESPIRATORY SYMPTOMS (COUGH,
SHORTNESS OF BREATH)
- OR -
IF ASYMPTOMATIC, A MINIMUM OF 10 DAYS HAVE PASSED SINCE POSITIVE TEST

MEDICAL EVALUATION BY PRIMARY CARE CLINICIAN*
SCREENING QUESTIONS TO ASSESS FOR CONCERNING SYMPTOMS OF MYOCARDITIS
OR MYOCARDIA ISCHEMIA**

NEGATIVE
SCREEN

***** RETURN TO PLAY *****
GRADUAL REINTRODUCTION OF PHYSICAL ACTIVITY WITH THE UNDERSTANDING THE
ATHLETE IS LIKELY DECONDITIONED AFTER 10 DAYS OFF WHILE MONITORING FOR ANY
SIGNS OF RESPIRATORY OR CARDIAC SYMPTOMS THAT MAY DEVELOP WITH EXERCISE

UPON COMPLETION OF MSHSAA RTP FORM → RESUME PARTICIPATION



*MEDICAL PROVIDERS SHOULD TAKE INTO CONSIDERATION THE INTENSITY LEVEL OF SPORT PARTICIPATION AND EXERCISE TO HELP GUIDE THEIR DECISION TO PURSUE ADDITIONAL EVALUATION.

**ADAPTED FROM THE AMERICAN HEART ASSOCIATION PRE-SCREENING FOR COMPETITIVE ATHLETE RECOMMENDATIONS

- CHEST PAIN/TIGHTNESS WITH EXERCISE
- SYNCOPE/NEAR SYNCOPE THAT IS UNEXPLAINED
- UNEXPLAINED OR EXERCISE DYSPNEA/FATIGUE WITH EXERTION
- NEW PALPITATIONS
- HEART MURMUR ON EXAM

POSITIVE SCREEN
OR
PREVIOUSLY
HOSPITALIZED

FURTHER WORK-UP AS INDICATED BY PRIMARY
CARE CLINICIAN (IE CHEST X-RAY, PFTs,
CHEST CT, CARDIOLOGY CONSULT)

WORSENING OR ONGOING CONCERNING
SYMPTOMS (CHEST PAIN, CHEST TIGHTNESS,
PALPITATIONS, LIGHTEADEDNESS, PRE-
SYNCOPE OR SYNCOPE

- OR -

EXERCISE RELATED SYMPTOMS 4 – 6 WEEKS
AFTER RETURNING TO PLAY