











Medical Release for Graduated Return to Play Post-COVID

Patient Name:		OB:			
Da	te of Positive Test Results (N/A if no test):				
Da	te of Evaluation:				
ten	OTE : If any cardiac screening question below is positive nperature, myalgia, lethargy or chills (greater than 3 days lammatory syndrome in children (MIS-C), consultation versions of the contraction of	s) or was diagnosed with mu	ltisystem		
Cr	Patient has been cleared from the local health department did NOT have ≥ 4 days temperature (100.4 Patient did NOT have ≥ 4 days of lethargy, myalgic Patient is asymptomatic when performing activities Patient was not hospitalized due to COVID-19 inferent did not have symptoms of Multisystem inflicing children (MIS-C) Cardiac screen negative for concerning signs/symp No Chest pain/tightness with exercise No unexplained syncope/near syncope No unexplained/excessive dyspnea/fatigue No new palpitations No new or unexplained heart murmur on explained Pressure is below 95th percentile for I have reviewed athlete's past medical, social, card	artment.). a or chills. s of daily living. ection. ammatory syndrome otoms with exertion kam age	YES NO YES YES NO YES YES		
□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Athlete HAS satisfied the above criteria and IS cle progression (see second page for clearance date Al Athlete HAS NOT satisfied the above criteria and to: Other:	ND Stage /Day date). IS NOT cleared to return	•		
Provider's Name:		Date:			
	Provider's Signature:				

Graduated Return to Play (GRTP) - Athletes Returning to Play after COVID-19

					0/ 55 1 11	
		_	Amount of		% Maximum Heart	
Date	Stag	Day	allowed practice	Recommended Activity	Rate	
	е		time		< 18 years of age - 200 = max HR	
Month/Date			cirrie		≥ 18 years of age - 220-age = max HR	
Date released:	0	COVID-19 iso	19 <i>isolation clearance</i> from local health department (10 days have passed from date of first symptor			
		improving, 24 hours symptom free off-fever reducing medications) AND return to play			<i>rance</i> from physician (PCP for mild	
		symptoms, car	cardiologist for moderate to severe symptoms) AND athlete is asymptomatic when performing normal activities			
		daily living.				
Date:	1	Days 1 and	≤ 15 min	Light activity (walking, light jogging,	< 70% (140 bpm)	
		2	_	stationary bike). NO resistance		
				training.		
Date:	2	Day 3	< 30 min	Add simple movement activities	<80% (160 bpm)	
			_	(eg. running drills). No resistance		
				training.		
Date:	_			-	2000/ (4 CO L)	
Date:	3	Day 4	≤ 45 min	Progress to more complex training.	<80% (160 bpm)	
				May add light resistance training.		
Date:	4	Days 5 and	<u><</u> 60 min	Normal training activity.	<80% (160 bpm)	
		6				
Date:	5	Day 7	Entire practice/game	Return to full activity/participation	100% (200 bpm)	
		,	Barrie	including games/competitions		
		<u> </u>		merading games, competitions		

Some athletes take over 3 weeks to recover.

Adapted from American Academy of Pediatrics guidelines and British Journal of Sports Medicine

Medical Office Information:						
Provider's Name:	Date:					
Provider's Signature:						

 $\frac{\text{https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-interim-guidance-return-to-sports/}$

https://bjsm.bmj.com/content/54/19/1174

https://www.acc.org/latest-in-cardiology/articles/2020/07/13/13/37/returning-to-play-after-coronavirus-infection

https://jamanetwork.com/journals/jamacardiology/fullarticle/2772399

http://dph.illinois.gov/covid19/community-guidance/sports-safety-guidance

https://www.ihsa.org/documents/CovidGuidelines/Return%20to%20Play%20Procedures%20After%20COVID19.pdf

If symptoms start or re-occur (including excessive fatigue) while going through GRTP, consider returning to the previous stage and progress again after a
minimum of 24 hours rest without symptoms. Re-evaluation may be necessary.

Athletes diagnosed with COVID-19 and who have medical conditions such as diabetes, cardiovascular disease or renal disease may need extended rest or testing prior to commencing GRTP.