## Pediatric Clearance to Begin Gradual Return to Activity Protocol

## after COVID-19 Infection

Student Name: Sport:	DOB:
Date of symptom onset:	
Date of Positive COVID-19 test or diagnosis:	
Date of Resolution of symptoms:	(based on student/parent report)
Self-isolation end date (can return to school):	
Date of next follow up visit with PCP (if indicated):	
Below you will find pertinent information regarding the above student and their return to activity (including sports, physical education, etc) following COVID-19 Diagnosis:    Asymptomatic and Positive COVID-19:    • Patient has self-isolated 10 or more days since the positive test.    • Patient has contacted their physician.    • May start Gradual Return to Activity protocol* on this date:    Mild Symptoms and Positive COVID-19: Mild symptoms at this time include: Fever higher than 100.4 F for less than 4 days, < 1 week myalgia, chills or lethargy	
Please contact our office if you have any further questions or require further clarification.	
Provider Printed Name: Provider	
Date Signed:	
*Gradual Return to Activity protocol is intended for 12 years old and up. Children <12 may return to physical activity as tolerated.	

Note: The above information was agreed upon by an interdisciplinary group of Maine physicians as of June 2021 and will continue to be updated as additional guidance or new evidence emerges