

# STOUGHTON PUBLIC SCHOOLS

31 PIERCE STREET  
STOUGHTON, MA 02072  
www.stoughtonschools.org

## COVID-19 RETURN TO PLAY FORM

If a student-athlete has tested positive for COVID-19, he/she must be cleared by an approved healthcare (MD, DO, PA, NP) before returning to activity.

STUDENT-ATHLETE NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

DATE OF POSITIVE TEST/DATE OF SYMPTOM ONSET: \_\_\_\_\_

### THIS RETURN TO PLAY IS BASED ON TODAY'S EVALUATION

- 6 days have passed since the date of the positive test result/date of symptoms onset.
- At least 24 hours symptom free, without fever reducing medication.
- Athlete was not hospitalized due to COVID-19 infection.
- Cardiac Screen negative for myocarditis/myocardial ischemia (answers below must be no)
  - Chest pain/tightness with exercise YES NO
  - Unexplained syncope/near syncope YES NO
  - Unexplained excessive dyspnea/fatigue with exertion YES NO
  - New palpitations YES NO
  - Heart murmurs YES NO

### Health care provider

- Athlete has satisfied the above criteria and is cleared to begin a return to play progression.
  - Athlete has NOT satisfied the above criteria and is NOT cleared to begin a return to play progression.
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Medical Office Information (please print/stamp):

Provider Name: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Office phone: \_\_\_\_\_

