MEDICAL CLEARANCE FORM

For Sports Participation After Positive Test or Symptoms of Covid-19

Name of Student-Athle	ete		School	
County of Student-Athlete Residence		County o	of School	
Date of Initial Symptoms		Covid-19 Tested? Yes	No Date	
WHAT IF ATHLETE IS SICK Any student-athlete quarantine immedia Ensure that studentil: At least 10 No fever (f COVID sym Athletes mo Ensure that studenticipate in are At least 10 No fever (f COVID sym At least 10 No fever (f COVID sym If the student-athlete minutes of exposure If the student-a continue with so "Close contact" They have They have They have	that has symptoms and/or fever stely. dent-athletes with a positive COVI days have passed since positive telever is temp of 100.4°F or more) with the properties of the prop	hould not participate in any accepts the control of the course the	ing medicine for at lead oved; ut of isolation). o symptom chart—but ong medicine for at lead oved. k, girlfriend/boyfriend positive test) in the land oved in the land over the la	cice, competition) and begin self- ipation in training or competition st 24 hours; AND t not tested), not be allowed to st 24 hours; AND , friend – someone with over 15 ast 3 months, then there is no need the last 3 months, then must
No COVID: Athletes m I. In rare cleara "Close exposur They have Have no fe No COVID: If the indiv The te fever C. The te Athletes may decond	symptoms (for example, cough, shay not return earlier if negative for einstances where the infected posterice with health care providers care?" to an individual with probable Cowaited 14 days from last exposure ver without the use of fever-reduct symptoms (for example, cough, shidual with probable COVID is testerest comes back negative, then all in and no symptoms. The comes back positive, then all in a company their quarantine and stillete and reviewed the WIAA states.	ortness of breath, etc.) Illow-up testing (cannot test or sitive exposure is a family men be individually obtained and COVID (symptoms but not test to the infected person; AND cing medications; AND ortness of breath, etc.) d during the course of the qua ndividuals quarantined based dividuals must follow the dire may require additional time to	nber with prolonged il reviewed. ed), student-athletes s grantine: on that exposure are f ctions above (close co	iree to return to participation if no ntact). d.
Provider Name				

____Office Phone #____

Provider Signature______ Date of Exam_____

(MD, DO, PA, NP)

Office Address