



## **COVID-19 Return to Play Screening for Students**

Student's Name \_\_\_\_\_

Date of COVID-19 positive test: \_\_\_\_\_

Date of COVID-19 symptom resolution: \_\_\_\_\_

Severity:      Asymptomatic      Mild      Moderate      Severe

Known significant heart disease      Y ☐      N ☐

Following resolution of acute COVID-19 infection, has the student had:

Chest pain/discomfort/tightness/pressure      Y ☐      N ☐

Unexplained syncope or near syncope      Y ☐      N ☐

Unexplained shortness of breath or fatigue      Y ☐      N ☐

Palpitations      Y ☐      N ☐

On exam, has the patient had:

Abnormal cardiac findings (murmur, gallop, etc.)      Y ☐      N ☐

Hepatomegaly      Y ☐      N ☐

Abnormal pulmonary findings      Y ☐      N ☐

Swelling/edema      Y ☐      N ☐

Pediatric Cardiology referral made?      Y ☐      N ☐

Do you have any other concerns about the patient returning to play?      Y ☐      N ☐

Do you recommend a *Return to Play* protocol?      Y ☐      N ☐

If the severity is asymptomatic or mild and all of the above are "No," the student is cleared to return to play.

Physician's Stamp and Signature \_\_\_\_\_ Date \_\_\_\_\_