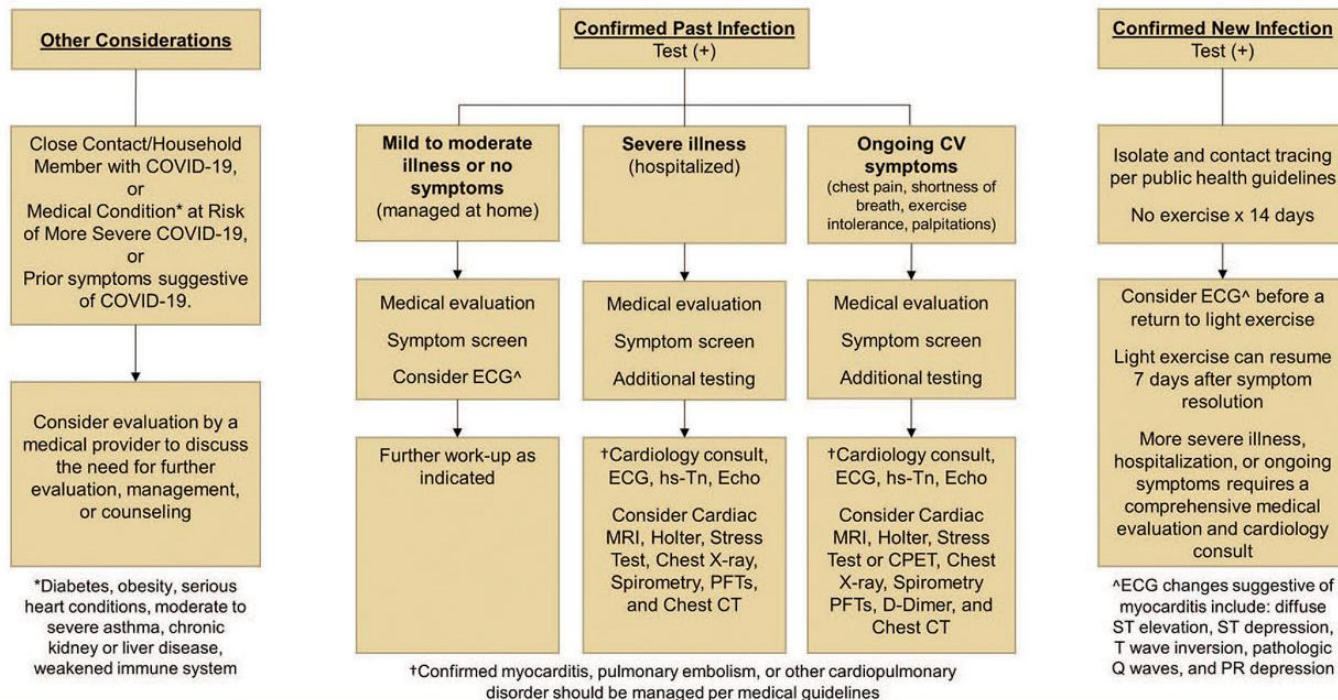


COVID-19 Clearance Form



Cardiopulmonary Considerations for High School Student-Athletes during the COVID-19 Pandemic



Drezner JA, Heinz WM, Asif IM, et al. Cardiopulmonary considerations for high school student-athlete during the covid-19 pandemic: NFHS-AMSSM guidance statement. *Sports Health*. 2020.

MEDICAL PROVIDER ASSESSMENT:

Patient Name: _____ Date of Birth: _____
Date of Positive test: _____ School: _____

1. Has it been at least 10 days since positive test?

Yes **NO**

2. Has the patient been afebrile for > 24 hours without use of antipyretics and symptom free ≥ 7 days?

Yes **NO**

3. Does this patient have any ongoing COVID or cardiovascular symptoms?

YES No

4. Does this student have a normal cardiorespiratory exam?

Yes **NO**

5. Does this person have a normal EKG (if applicable)?

Yes **NO** N/A

6. Is this student cleared to start the return to play protocol (on reverse page)?

Yes **NO**

Any **BOLD** answer *should* warrant further evaluation prior to sports clearance.

Health Care Provider Printed Name: _____ Date: _____

Health Care Provider Signature: _____ Phone: _____ Fax: _____