



COVID-19 Return to Physical Activity Release Form

Student must fulfill The Woodstock Academy isolation requirements

The information below must be completed by the student's licensed medical professional pursuant to chapter 370 (MD/DO), a physician assistant licensed pursuant to chapter 370 (PA-C) or an advanced practice registered nurse licensed pursuant to chapter 378 (APRN)

Once completed by Physician (MD/DO), APRN or PA-C, and the student is cleared to return to physical activity, they must obtain final return to sport clearance with the athletic training staff before they can return to practice or competition

Student's First and Last Name: _____

Date of COVID-19 positive test: _____

Date of COVID-19 symptom resolution: _____

Severity (check one): ☐ Asymptomatic ☐ Mild ☐ Moderate ☐ Severe

Known significant heart disease (check one): ☐ Yes ☐ No

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

Chest pain/discomfort/tightness/pressure: ☐ Yes ☐ No

Unexplained syncope or near syncope: ☐ Yes ☐ No

Unexplained shortness of breath or fatigue: ☐ Yes ☐ No

Palpitations: ☐ Yes ☐ No

On exam, the patient had:

Abnormal cardiac findings (murmur, gallop, etc.) ☐ Yes ☐ No

Hepatomegaly: ☐ Yes ☐ No

Abnormal pulmonary findings: ☐ Yes ☐ No

Swelling/edema: ☐ Yes ☐ No

Do you have any other concerns about the patient returning to physical activity? ☐ Yes ☐ No

If the severity is asymptomatic or mild and all of the above are "No," the patient may be cleared to return to play without a Pediatric Cardiology referral or specific cardiac testing.

*This form does not take place of routine pre-participation screening, which includes additional questions

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Written and approved by: Cheyenne Beach, MD; Erin Faherty, MD; John Fahey, MD; Fil-ancy Rollinson, PNP



Medical Authorization Form:

Participation Clearance Following a COVID-19 Infection The Woodstock Academy Athletics

Health Care Provider Authorization

Based upon the assessment completed on ____/____/____, _____,
(student's first & last name)
____/____/____ is medically cleared to return to physical activity as determined below:
(date of birth)

Physician must check one (1) box below, otherwise, the student athlete will be required to complete all five (5) stages of the AAP Gradual Return-to-Play (RTP) Plan as identified in the CIAC Winter Sports Plan:

- ☐ Athlete cleared to return to physical activity but must complete Stages 1-5 of the AAP RTP plan
- ☐ Athlete cleared to return to physical activity with gradual return to play, beginning the AAP RTP at the stage specified below and advancing as appropriate through the remaining stages.
 - ☐ Stage 1
(2 Days Minimum) - 15 minutes or less: Light activity, intensity no greater than 70% of maximum heart rate. NO resistance training.
 - ☐ Stage 2
(1 Day Minimum) - 30 minutes or less: Add simple movement activities (e.g. running drills) - intensity no greater than 80% of maximum heart rate.
 - ☐ Stage 3
(1 Day Minimum) - 45 minutes or less: Progress to more complex training - intensity no greater than 80% maximum heart rate. May add light resistance training.
 - ☐ Stage 4
(2 Days Minimum) - 60 minutes: Normal training activity - intensity no greater than 80% maximum heart rate.
- ☐ Athlete is cleared to return to all athletic activities without AAP RTP but must complete one (1) practice before being eligible for competition.
 - this confirms the assessment of the student incorporated consideration of AAP RTP protocol
 - student-athlete must complete **at least one** practice session before eligible for game play; under the direction of the athletic trainer in consultation with coaching staff

(health care provider name, printed) _____
(health care provider signature) ____/____/____
(date)

Parent/Legal Guardian Authorization

I attest that _____ has been evaluated by an authorized medical
(student's first & last name)
provider and give my consent for his/her participation in a phased approach to in their return to the sports program at The Woodstock Academy following the guidelines of the CIAC protocol for a gradual return to play.

(parent/guardian name, printed) _____
(parent/guardian signature) ____/____/____
(date)