

Arkansas Activities Association COVID-19 Clearance Form

If an athlete has tested positive for COVID-19, using a PCR or antigen-based test, he/she must be cleared for progression back to activity by an approved health care provider (MD/DO/PAC/APRN)

Student-Athlete's Name: _____ DOB: _____

Date of Positive Test: _____ Type of Test: _____

Date of Symptom Onset: _____ Date of Symptom Resolution: _____

RETURN TO PLAY IS BASED ON TODAY'S EVALUATION

Date of Evaluation: _____

Criteria to return (Please check below as applies)

- 14 days have passed since symptoms resolved or 10 days from positive test if asymptomatic
- Athlete was not hospitalized due to COVID-19 infection
- Cardiac screen negative for myocarditis/myocardial ischemia (All 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 murmur on exam YES NO

NOTE: If any cardiac screening question is positive or if athlete was hospitalized, highly recommend further workup that may include Chest X-ray, EKG/ECHO, Pulmonary Function Tests, Troponins, or Cardiology Consult

- Athlete HAS satisfied the above criteria and IS cleared to start the return to activity progression
- Athlete HAS NOT satisfied the above criteria and IS NOT cleared to return to activity

Health Care Provider's Name: _____

Health Care Provider's Address: _____

Office Phone: _____

Health Care Provider's Signature: _____

COVID 19 Return to Play Protocol Guidelines and Considerations

Return to Sports for the COVID-19 Patient- Provider Information

Consideration of the cardiovascular complications of athletes affected by COVID-19 should be taken into account prior to an athlete returning to sport. In the asymptomatic patient, it is unclear if long term cardiopulmonary effects are present. In the critically ill patient, multiple organ systems may be affected. Concern for myocardial injury leading to scarring that may result in ventricular arrhythmias should be taken into account for all sports. If an athlete is returning to sport and has tested positive for COVID-19 using a PCR or antigen-based test, consider the following recommendations:

Athletes with Asymptomatic COVID-19 Infection from Positive Testing

- **Focused medical history and physical examination**
- **12-lead EKG should be considered if history of new onset chest pain or pressure, palpitations, syncope, or dyspnea with exertion**
- **If an EKG is completed an abnormal, the athlete should be referred for further evaluation**

Athletes with Symptomatic COVID-19 Infection Without Hospitalization

- **Focused medical history and physical examination**
- **12-lead EKG should be considered if history of new onset chest pain or pressure, palpitations, syncope, dyspnea with exertion, or concerns from previous medical history**
- **If an EKG is completed and abnormal, the athlete should be referred for further evaluation**

Athletes with Symptomatic COVID-19 Infection Resulting in Hospitalization or Moderate to Severe Illness

- **Focused medical history and physical examination**
- **Complete evaluation of myocardial injury and careful consideration of cardiology referral**
- **Highly recommend 12-lead EKG, ECHO, troponins, or cardiac MRI per cardiology recommendations**
- **Return to training only after gradual, supervised increase in physical exertion**

Arkansas Activities Association COVID-19 Return to Play Protocol Form

Graduated Return to Play (GRTP) Procedures After COVID-19 Infection

1. In the absence of a Certified Athletic Trainer, a designated school employee such as a coach may administer the GRTP and certify its completion.
2. Student-athletes must complete the progression below without development of chest pain/tightness, dyspnea, palpitations, lightheadedness, pre-syncope/syncope, or fever.
3. An athlete cannot begin the protocol until evaluated and cleared by a medical provider (Page 1).
4. If the above symptoms develop, patient should be referred back to the evaluating provider.

Student-Athlete's Name: _____ **DOB:** _____

STAGE	PERMISSABLE ACTIVITIES	TIME ALLOWANCES	DATE COMPLETED
1- 2 Day minimum	Light Activity- Walking, jogging, stationary bike, school attendance No resistance training	15 minutes	
2- 1 Day minimum	Add simple movements- Running drills, sprinting, straight-line activities No resistance training	30 minutes	
3- 1 Day minimum	Can add resistance training Sport specific complex movements- cutting, jumping	45 minutes	
4- 2 Day minimum	Normal practice activities	60 minutes	
5- Return to Full Activity	Normal practice activities	No limitation	

Completed by (Print Name): _____

Signature: _____

Date: _____

RTP Procedure adapted from Elliott N, et al. Infographic. British Journal of Sports Medicine, 2020.