

Name: _____

Date of Positive Test: _____

Sport _____

Date of Return to School: _____

Returning to Athletics Following COVID-19 Infection:

This evaluation tool is to assist the athletic trainer to determine the appropriate return to play progression for a student athlete returning from a COVID-19 infection.

Please answer the following:

Since time of infection or positive case, have you experienced any of the following:

- | | | | |
|---|-----|----|-----------------|
| 1. Nasal Congestion (runny nose) | Yes | No | Duration: _____ |
| 2. Sneezing | Yes | No | Duration: _____ |
| 3. Sore throat | Yes | No | Duration: _____ |
| 4. Chills or Fever (>100.4°F) | Yes | No | Duration: _____ |
| 5. Loss of Taste or Smell | Yes | No | Duration: _____ |
| 6. Vomiting or Diarrhea | Yes | No | Duration: _____ |
| 7. Headache | Yes | No | Duration: _____ |
| 8. Fatigue or feeling of weakness | Yes | No | Duration: _____ |
| 9. Chest pain | Yes | No | Duration: _____ |
| 10. Shortness of Breath or difficulty breathing | Yes | No | Duration: _____ |
| 11. Syncope (fainting) | Yes | No | Duration: _____ |
| 12. Heart Palpitations | Yes | No | Duration: _____ |

If the SA answered **YES** to questions 1-3 **AND** the symptoms lasted more than 2 days **OR** you answered **YES** to questions 4-12, the SA is considered to have experienced a **MODERATE ILLNESS OR INITIAL CARDIOPULMONARY SYMPTOMS**. The SA must obtain clearance from their primary care provider prior to beginning the return to play progression.

Functional Step Test Results:

Age: _____ Age Related Max HR (220-age): _____ HR 5 sec following test: _____

Results Grading *Ages 16-19 (Ages 14-15):* Circle rating scored on functional test

Gender	Excellent	Above Average	Average	Below Average	Poor
Male	<121 (123)	121(123)-148(150)	149(151)-156(158)	157(159)-162(164)	>162(164)
Female	<129 (130)	129(130)-158(159)	159(160)-166(167)	167(168)-170(171)	>170(171)

Recommendations on return to play progression: The rating obtained during the functional test informs the stage at which the student athlete enters the return to play progression as provided below.

Excellent	Full Participation in Organized Practice
Above Average	60 min of sports-related activity, no greater than 80% maximum heart rate
Average	45 min of sports-related activity, no greater than 80% maximum heart rate
Below Average	30 min of sports-related activity, no greater than 80% maximum heart rate
Poor	20 min of light aerobic and simple movement activities, no greater than 80% maximum heart rate

Clinical Notes: _____

Athletic Trainer: _____

Date of Full Return to Play: _____

If the student athlete experiences any cardiopulmonary symptoms with their return to exercise (questions 9-12), exercise will discontinue and the athlete will be referred to their primary care provider for a cardiology evaluation. This athlete will need medical clearance prior to returning to any activity.