



GRADUATED RETURN TO PLAY CHECKLIST

For Positive Case of Covid-19

Name of Student-Athlete _____ School _____

County of Student-Athlete Residence _____ County of School _____

Date of Initial Symptoms _____ Covid-19 Positive? Yes _____ No _____ Date _____

Criteria to return (Please check below as applicable):

- 10 days have passed since symptom onset.
- Symptoms have resolved for 7 days, including no fever without use of fever-reducing medication.
- Individual 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 w/exertion YES NO
 - New palpitations YES NO
 - Heart murmur on exam YES NO

NOTE: If any cardiac screening question is positive or if participant was hospitalized, consider further workup as indicated. May include ECG, cardiac biomarkers, Echocardiogram, CXR, PFT's, Chest CT, or cardiology consult.

- Individual HAS satisfied the above criteria and IS cleared to return to activity.
 - Due to moderate or severe symptoms with COVID-19, the participant should perform the stages of the Graduated Return to Play Progression prior to full clearance.
- Individual HAS NOT satisfied the above criteria and IS NOT cleared to return to activity.

I have examined this athlete and reviewed the WIAA guidelines for return to participation and provide medical clearance to return as defined by the above guidelines.

Provider Name _____ License # _____
(MD, DO, PA, NP)

Office Address _____ Office Phone # _____

Provider Signature _____ Date of Exam _____

Graduated Return to Play (RTP) Progression After COVID-19 Infection

In participants who have had moderate or severe symptoms with COVID-19 or their provider had any concerns for rapid RTP, the athlete should complete the progression below without development of chest pain, chest tightness, palpitations, lightheadedness, pre-syncope, or syncope. If these symptoms develop, the participant should be referred back to the evaluating provider who signed the form.

- **Stage 1: (2 Days Minimum)** Light Activity (Walking, Jogging, Stationary Bike) for 15 minutes or less at intensity no greater than 70% of maximum heart rate. NO resistance training.
- **Stage 2: (1 Day Minimum)** Add simple movement activities (EG. running drills) for 30 minutes or less at intensity no greater than 80% of maximum heart rate
- **Stage 3: (1 Day Minimum)** Progress to more complex training for 45 minutes or less at intensity no greater than 80% maximum heart rate. May add light resistance training.
- **Stage 4: (2 Days Minimum)** Normal Training Activity for 60 minutes or less at intensity no greater than 80% maximum heart rate
- **Stage 5: Return to full activity**

If required by health care provider, the participant has completed the 5 stage RFP progression under the supervision of school personnel: _____