

Medical Authorization Form:
Participation Clearance Following a COVID-19 Infection
Region 10 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 is cleared to return to all athletic activities, including competition
this confirms the assessment of the student incorporated AAP RTP protocol
student-athlete must complete at least **one** practice session before eligible for game play; under the direction of the athletic trainer and in consultation with coaching staff

- Athlete is cleared to enter AAP RTP protocol, starting at:
 - Stage 1
 - Stage 2
 - Stage 3
 - Stage 4 – Day 1
 - Stage 4 – Day 2*(details of the AAP stages are listed on the 2nd page of this document)*

- Athlete is cleared to return to physical activity but must complete Stages 1-5 of the AAP RTP plan

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

Parent/Legal Guardian Authorization

I attest that _____ has been evaluated by the authorized medical
(student's first & last name)

provider above and give my consent for his/her return to participation following the return to play protocols noted above by that medical provider.

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

From the CIAC 2021-22 Winter Sport COVID-19 Guidance:

Guidance on Return-to-Play after COVID-19 Infection (The following recommendations are informed by the AAP COVID19 Interim Guidelines: <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinicalguidance/covid-19-interim-guidance-return-to-sports/>)

Returning to play after COVID-19 positive test:

“The AAP recommends not returning to sports/physical activity until children or adolescents have completed isolation, the minimum amount of symptom-free time has passed, they can perform normal activities of daily living, and they display no concerning signs/symptoms. For all children and adolescents 12 years and older, a graduated return-to-play protocol is recommended. The progression should be performed over the course of a 7-day minimum. Consideration for extending the progression should be given to children and adolescents who experienced **moderate** COVID-19 symptoms.

All children and adolescents and their parents/caregivers should monitor for chest pain, shortness of breath out of proportion for upper respiratory tract infection, new-onset palpitations, or syncope when returning to exercise. If any of these signs and/or symptoms occur, the AAP recommends immediately stopping exercise and the athlete should see their pediatrician for an in-person assessment. Consideration should be given for pediatric cardiology consultation.

Recent literature has reported a much lower incidence of myocarditis, 0.5% to 3%, than earlier in the pandemic. Children and adolescents who were found to have myocarditis were in the asymptomatic or mildly symptomatic category. Therefore, the phone/telemedicine visit should include appropriate questions about chest pain, shortness of breath out of proportion for upper respiratory tract infection, new-onset palpitations, or syncope. Any child or adolescent who reports these signs/symptoms should have an in-office visit that includes a complete physical examination, and consideration for an EKG should be given prior to clearance to return to physical activity.”

(<https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-interimguidance-return-to-sports/>)

When Should a Student-Athlete Pause Return-to-Play Protocols

If a student-athlete develops chest pain, shortness of breath out of proportion to upper respiratory infection, new-onset palpitations, or syncope when returning to exercise, immediately stop and go to a healthcare provider for an in-person exam.

AAP Gradual Return-to-Play Plan: The following progression was adapted from Elliott N, et al, infographic, *British Journal of Sports Medicine*, 2020:

Stage 1: Day 1 and Day 2 - (2 Days Minimum) - 15 minutes or less: Light activity (walking, jogging, stationary bike), intensity no greater than 70% of maximum heart rate. NO resistance training.

Stage 2: Day 3 - (1 Day Minimum) - 30 minutes or less: Add simple movement activities (eg. running drills) - intensity no greater than 80% of maximum heart rate.

Stage 3: Day 4 - (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: Day 5 and Day 6 - (2 Days Minimum) - 60 minutes: Normal training activity - intensity no greater than 80% maximum heart rate.

Stage 5: Day 7 - Return to full activity/participation (i.e., - Contests/competitions).