Assessment/Release for Return to Play Patient: School: DOB: Sport: PCP: Date of onset of COVID symptoms: Date of COVID positive test: Date of resolution of COVID symptoms: Systemic symptoms for 4 days or more (fever, myalgia, chills, profound lethargy)? Yes Hospitalization due to COVID symptoms? No Yes H/o cardiac abnormalities followed by cardiology? No Yes Recent symptoms: Chest pain at rest or with exertion? (not musculoskeletal or costochondritis): No Yes Shortness of breath with minimal activity? (unrelated to respiratory symptoms): No Yes Excessive fatigue with exertion? No Yes Abnormal heartbeat or palpitations? No Yes Syncope or near-syncope? No Yes Normal cardiovascular exam? Yes No Cardiology referral indicated? No Yes Cleared for gradual return to sports? If not today, then effective date: No Physician Signature: Printed Name: Date:

A graduated return-to-play protocol can begin once an athlete has been cleared by a physician (cardiologist for **moderate** to **severe** symptoms) and is asymptomatic when performing normal activities of daily living. The progression should be performed over the course of at least 7 days.

Consideration for extending the progression should be given to athletes who experienced **moderate** COVID-19 symptoms. Gradual return to play can begin ≥ 10 days after the positive test or ≥10 after the end of symptoms (whichever is later).

Gradual return to play progression¹

Patient should be symptom free in the stage they are in before progressing to the next stage.

Stage 1: 2 days minimum, ≤15 minutes, light activity(walking, jogging, stationary bike), no resistance training.

Stage 2: 1 day minimum, \leq 30 minutes, add simple movement activities (eg. running drills).

Stage 3: 1 day minimum, \leq 45 minutes, progress to more complex training, may add light resistance training.

Stage 4: 2 days minimum, 60 minutes, normal training activity.

¹ (adapted from Elliott N, et al, infographic, British Journal of Sports Medicine, 2020.)