

Pediatric Clearance to Begin Return to Activity following COVID-19 Infection

Student Name: _____ DOB: _____

Grade: _____ Sport: _____

Date of symptom onset: _____

Date of Positive COVID-19 test or diagnosis: _____

Date of Resolution of symptoms: _____ (based on student/parent report)

Self-isolation end date (can return to school): _____

Date of next follow up visit with PCP (if indicated): _____

Below you will find pertinent information regarding the above student and their return to activity (including sports, physical education, etc) following recent COVID-19 Diagnosis:

- Asymptomatic and Positive COVID- 19:**
 - Patient has self-isolated 10 or more days since the positive test.
 - Patient was evaluated by a physician.
 - May start Gradual Return to Activity protocol* on this date: _____
- Mild Symptoms and Positive COVID-19:** *Mild symptoms at this time include: Fever higher than 100.4 F for less than 4 days, fatigue, loss of smell/taste, GI symptoms, cough, sore throat, headache, congestion, or < 1 week myalgias, chills or lethargy*
 - Patient must self-isolate for ten days after symptom onset and be symptom free for at least 24 hours before being cleared to start Gradual Return to Activity protocol.
 - Patient has been evaluated and cleared to begin Gradual Return to Activity protocol.
 - May start Gradual Return to Activity protocol* on this date: _____
- Moderate Symptoms and Positive COVID-19:** *Moderate symptoms at this time include: Fever higher than 100.4F for greater than 4 days, hypoxia, pneumonia, ANY cardiac symptoms (chest pain/tightness/pressure, dyspnea, dizziness, syncope or palpitations or exercise intolerance), or ≥ 1 week myalgias, chills or lethargy. Non-ICU hospital stay and no signs of MIS-C*
 - Patient has been evaluated by their physician and completed any workup indicated.
 - Patient has self-isolated for at least 10 days after their symptom resolution.
 - May start Gradual Return to Activity protocol* on this date: _____
- Severe Symptoms and Positive COVID-19/Hospitalized or MIS-C:** Patient will require clearance from Cardiology to start Gradual Return to Activity protocol* at least 3-6 months after infection.

Special instructions/additional restrictions:

Please contact our office if you have any further questions or require further clarification.

Provider Printed Name: _____ Provider Signature: _____

Date Signed: _____

*Graduated Return to Activity protocol is intended for 12 years old and up. Children <12 may return to physical activity as tolerated.