

# Blackstone Valley Tech COVID Return to Play Form

If an athlete has tested positive for COVID-19, he/she must be cleared for progression back to activity by an approved health care provider (MD/DO/PAC/ARNP). A gradual return to play will be completed, with the athletic trainer to screen for a safe return to full participation. Athletes who had to quarantine for 10-days without a confirmed case of COVID will be screened as well and potentially put through a modified return to play.

Athlete's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Date of Positive Test: \_\_\_\_\_

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Date of Evaluation: \_\_\_\_\_

### Criteria to Return to Play (Please check below as applies)

Good Standing within BVT means, in the prior and current semester, students must:

- 10-days have passed since the onset of symptoms OR has been asymptomatic throughout 10-days of quarantine
- Symptoms have resolved. No fever ( $\geq 100F$ ) for 24 hours without fever-reducing medication, improvement of symptoms (cough, shortness of breath)
- The athlete was not hospitalized due to COVID-19.
- 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 the athlete was hospitalized, they should consider further workup as indicated. This may include CXR, Spirometry, PFTs, Chest CT, or Cardiology Consult.**

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Athlete HAS satisfied the above criteria and IS cleared to start the return to activity progression.

Athlete HAS NOT satisfied the above criteria and IS NOT cleared to return to activity/play.

Health Care Provider's Name: \_\_\_\_\_

Health Care Provider's Signature: \_\_\_\_\_

Office Phone #: \_\_\_\_\_