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COVID-19 Infection Medical Clearance Return To Play Form

Dear Parent/Guardian:

You have indicated that your child has tested positive for Covid. Although your child has been cleared to return to school, further documentation is necessary for your child to return to athletics.

1. If your child had moderate or severe symptoms, she/he **MUST** be cleared by your physician to return to athletics. A medical note from your physician stating "cleared to return to athletics post covid" will be required. Moderate disease is defined as 4 days or more of fever greater than 100.4F, and/or one week or more of lethargy, chills, myalgia (muscle aches and pains), or any hospital admission.
2. If your child was asymptomatic or suffered only mild symptoms, then please complete the attestation statement below. *The signed statement will be accepted for your child to return to athletics without a doctor's clearance for those that were asymptomatic or had mild symptoms only.* Mild symptoms are defined as having had less than 4 days of fever (greater than 100.4F) and/or less than 1 week of myalgia, chills or lethargy. In addition, there was no chest pain, shortness of breath, syncope, (fainting), or new onset palpitations.

Date: _____

Student Name: _____ Grade: _____ Team: _____

As parent/guardian of the above student, I affirm that my child did test positive for Covid but was either asymptomatic or suffered only mild symptoms. In addition, there was no chest pain, shortness of breath, syncope, (fainting), or new onset palpitations.

Parent/guardian signature: _____

Parent/guardian name (please print): _____

PLEASE RETURN COMPLETED FORM TO YOUR SCHOOL NURSE

Empowering the next generation for success in life.