

# SPARTA ATHLETICS

## COVID+ CLEARANCE AND RETURN TO ACTIVITY FORM

All student-athletes testing positive for COVID-19 must be cleared by an approved healthcare provider (MD, DO, PA, NP) to begin progression back to athletic activity as determined by the Sparta High School and Middle School Athletic Department. Return to play progression cannot begin prior to this clearance form being received by the school athletic trainer. Parents are encouraged to contact their child's primary care office during the isolation period for symptom screening and guidance.

### SEVERITY PATHWAYS:

#### Asymptomatic/Mild

- No symptoms or common cold-like symptoms, GI issues, or loss of taste/smell, <4 days of fever >100.4°F or fever-like symptoms including chills or body aches
- May seek medical clearance before end of 5-day isolation period if above symptom profile applies
- Clearance may be provided via physician phone consult, virtual telemedicine visit, or patient portal; does not require in-person evaluation (individual office policies may vary)
- No exercise during isolation period unless permitted by primary care provider
- Return to play progression requires two (1-light, 1-full) practices prior to return to competition

#### Moderate

- ≥4 days of fever >100.4°F, chest pain, difficulty breathing, palpitations, ≥1 week of myalgia, chills, or lethargy, or a non-ICU hospital stay with no evidence of multisystem inflammatory syndrome in children (MIS-C)
- Medical clearance must include an in-person evaluation by primary care provider after moderate symptom resolution and completion of 5-day isolation
- No exercise prior to medical evaluation and clearance; moderate symptoms must be fully resolved
- Return to play progression requires ≥4 days graduated physical activity (minimum 1 day light cardio, 2 days light practice, 1 day full practice); progression will be based on student-athlete's baseline fitness, severity and duration of COVID symptoms, and tolerance to progressive exertion as determined by the school athletic trainer

#### Severe

- Hospital ICU stay and/or intubation, and/or signs or diagnosis of multisystem inflammatory syndrome in children (MIS-C)
- Clearance and return to activity protocol will be determined by pediatric cardiologist

\*\*The information above represents a combination of the American Academy of Pediatrics (AAP) and the American Medical Society for Sports Medicine (AMSSM) 2022 guidelines\*\*

### \*\*HEALTH CARE PROVIDER ONLY INSIDE THIS AREA\*\*

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Date of Positive Diagnostic Test: \_\_\_\_\_ Date of Symptom Onset: \_\_\_\_\_

#### Please check which severity pathway this patient falls into:

- Asymptomatic/Mild
- Moderate \*\*moderate symptoms must be resolved before providing clearance to begin return to play progression\*\*
- Severe

#### Clearance status (please check which applies below):

- Patient is cleared to begin the school's return to play progression outlined above
- Patient is NOT cleared to return to play at this time due to the following concern(s): \_\_\_\_\_

By signing below, I attest the information listed above is true to the best of my knowledge.

#### Medical Office Information (Please Print/Stamp):

Evaluator's Name: \_\_\_\_\_ MD | DO | PA | NP  
(Please Circle) Office Phone: \_\_\_\_\_  
Evaluator's Address: \_\_\_\_\_  
Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PARENT & STUDENT-ATHLETE ACKNOWLEDGMENT

By signing below, I attest that the symptom history reported to the evaluating provider was honest and accurate to the best of my knowledge. I acknowledge that providing any misleading information to the evaluating provider, school personnel, or athletic trainer may be a risk to my/my child's health and wellbeing. I understand that I/my child will be required to complete a return to play progression, as described above, prior to returning to athletic competition and will not be eligible to compete until cleared by the school athletic trainer. I understand that I/my child must complete the progression without development of chest pain, shortness of breath out of proportion for upper respiratory tract infection, new-onset palpitations, or syncope, or the student-athlete will be referred to the above provider for additional evaluation. I understand that this is done for the health and safety of the student-athlete.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Sparta Area Schools Athletic Trainer  
Jason Burgess, MS, AT, ATC, CSCS  
jason.burgess@spartaschools.org  
Office: 616-647-8777 | Fax: 616-887-1264