



Elmira City School District

MODERATE/SEVERE COVID-19 Return to Play Form (Return this medical form to the Health Office)

If a student has tested positive and experienced a Moderate to Severe Case (See Definitions Below) of COVID-19, they should NOT exercise until they are cleared to return to physical activity by an approved health care provider. This form is needed for participation.

Student name: _____ DOB: ___/___/___

Date of Positive Test: ___/___/___ Date of Evaluation: ___/___/___

Criteria to return (Please check below as applies to current patient status):

For MODERATE COVID-19: (defined as ≥ 4 days fever that >100.4F; ≥ 1 Week of Myalgia, Chills or Lethargy or a non-ICU hospital stay & no evidence of multi system inflammatory syndrome in children (MIS-C))

- 10 days have passed from symptom onset or positive test
- Student has had no fever (>100 F) off of fever lowering medication for at least 24 hours
- Student has negative cardiac screen for signs of myocarditis, as follows:

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	chest pain
<input type="checkbox"/>	<input type="checkbox"/>	shortness of breath out of proportion to URI symptoms
<input type="checkbox"/>	<input type="checkbox"/>	excessive fatigue / tiredness with activity
<input type="checkbox"/>	<input type="checkbox"/>	new onset palpitations
<input type="checkbox"/>	<input type="checkbox"/>	syncope

- Student has a normal physical exam (including no new onset heart murmur)
- Student has a normal EKG

Overall assessment for Moderate COVID-19:

- Normal** cardiac screening, physical exam & EKG
 - < 12 yo: return to play / PE according to students own tolerance
 - 12+ yo: return to play as per current AAP recommendations (minimum 1 day symptom free (excluding loss of smell/taste), & a minimum of 4 days of gradual increase in physical activity (one light cardio workout on won, two light practices, one full practice), no games before day 5.)

Abnormal cardiac screening, physical exam and/or EKG noted. A Cardiology referral was made - exclude from physical activity until cleared by cardiology.

For SEVERE COVID-19: (defined as ICU Stay and/or Intubation or MIS-C)

- a Cardiology referral was made - exclude from physical activity until cleared by cardiology.

For those previously referred to Cardiology for COVID-19 related clearance:

- Cardiology evaluation reviewed; see attached note regarding return to play determination.

Medical Office Use Only:

Provider's Name: _____ Office Number: _____

Office address: _____

Provider's Signature: _____ Date: ___/___/___

Elmira City School District



Parent Information After COVID-19 Infection

(Based on current *American Academy of Pediatrics* guidelines)

In cooperation with the American Pediatrics Association and our school physician, the following guidelines are in place:

If your child tests positive for COVID-19, they must submit a Return to Play. However, the Return to Play Form used depends on the severity of the case.

There are 3 categories of COVID Severity:

<u>SEVERITY</u>	<u>DEFINITION</u>
ASYMPTOMATIC/MILD	<ol style="list-style-type: none">1. < 4 Days of Fever OVER 100.4 and2. < 1 Week of High Risk Systematic Symptoms (Fever > 100..4, Myalgia, Chills, Profound Lethargy)
MODERATE	<ol style="list-style-type: none">1. ≥ 4 Days of Fever OVER 100.4 and2. ≥ 1 Week of High Risk Systematic Symptoms (Fever > 100..4, Myalgia, Chills, Profundi Lethargy)
SEVERE	<ol style="list-style-type: none">1. ICU Stay, Intubation, Abnormal Cardiac Test, or MIS-C

Upon your child's return to school, they must provide the "**SELF-ASSESSMENT PARENT FORM**". This form will indicate whether your child can return to play (Asymptomatic/Mild) or must see their PCP (Moderate/Severe).

If your child has experienced a MODERATE or SEVERE case of COVID-19, they must see their PCP to return to Physical Activity and submit the "**MODERATE/SEVERE RTP FORM**", including both PE and Interscholastic Athletics. Upon their return they will have to follow the Gradual Return to Play (See Below)

Gradual Return to Play Protocol

BOX A: Additional Guidance on Returning to Play (Note: if the patient has already advanced back to physical activity on their own and is without abnormal cardiovascular signs/symptoms, then no further evaluation is necessary. COVID19 disease history should be documented.)

When should children and adolescents return to play?

- 1) Completed isolation and minimum amount of symptom free time has passed
- 2) Can perform all activities of daily living
- 3) No concerningsigns/symptoms
- 4) Physician clearance has been given, if indicated

At what pace should children and adolescents return to play?

- 5) <12yo: progress according to own tolerance
- 6) 12+: gradual return to physical activity
 - o Asymptomatic / Mild symptoms: Minimum 1 day symptom free (excluding loss of taste / smell), 2 days of increase in physical activity (i.e. one light practice, one normal practice), no games before day 3. A mask is required for ALL physical activity, including games or scrimmages, until 10 full days from + test or symptom onset have passed.
 - o Moderate symptoms: Minimum 1 day symptom free (excluding loss of taste / smell), and a minimum of 4 days of gradual increase in physical activity (one light cardio workout on own, two light practices, one full practice), no games before day 5. A mask is required for ALL physical activity, including games or scrimmages, until 10 full days from + test or symptom onset have passed.

When should children and adolescents pause return to play?

- If patient develops any chest pain, SOB out of proportion to URI infection, new-onset palpitations, or syncope when returning to exercise, immediately stop and go to PCP for in-person exam and consider referral to Pediatric Cardiology

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Self-Assessment for Return to Play After COVID-19 (Adopted from University of Rochester and American Academy of Pediatrics)

Student Name: _____

School: _____

Date of Birth: ____/____/____

Age: _____

Which sport (if any) is your child returning to: _____

Primary Care Physician's name: _____

Date COVID symptoms started (if known): _____

Date COVID positive test was taken: _____

Date the child's symptoms (other than loss of taste or smell) went AWAY: _____

Did/was the child:

Have a fever of 100.4° or higher for 4 days or more? No Yes

Have chills, body aches for 7 days or more? No Yes

Very tired for 7 days or more? No Yes

Have to stay in the hospital because of COVID symptoms? No Yes

Admitted to the Intensive Care Unit (ICU) in the hospital, intubated, or diagnosed with Multisystem Inflammatory Syndrome (MIS-C)? No Yes

In the last 24 hours has the child had:

Chest pain at rest or with activity? No Yes

Shortness of breath? No Yes

Excessive fatigue/tiredness with activity? No Yes

Skipped heart beats or a heartbeat not normal for the child? No Yes

Fainting or passing out that is not normal for the child? No Yes

If you answered yes to any of the above questions, please call your child's doctor to schedule a visit and do not have them re-start physical activity until cleared to do so. Use the "Moderate/Severe Return to Play Form".

By signing below, I confirm that the answers to the questions on this form are true to the best of my knowledge.

Parent Signature

____/____/____
Date