



Current as of February 1, 2022

MEDICAL GUIDELINE FOR RETURN-TO-PLAY AFTER COVID-19 INFECTION

Patient Name: _____ DOB: _____

Date of Positive COVID Test: _____

Date of Symptom Onset: _____ N/A if asymptomatic:

Date of Last Symptoms: _____ N/A if asymptomatic:

<12yo ASYMPTOMATIC/MILD or MODERATE symptoms:

GUIDANCE	<input type="checkbox"/> No exercise while in isolation
SCREENING	<input type="checkbox"/> AHA 14-element screen reviewed and negative
<input type="checkbox"/> <u>RETURN TO PLAY:</u> <ul style="list-style-type: none"> • May progress physical activity according to own tolerance once out of isolation • Mask required for ALL activity until 10 full days from +test or symptom onset has passed • Immediately stop activity and have in-person medical evaluation for any chest pain, shortness of breath out of proportion with symptoms, new-onset palpitations, or syncope with return to exercise 	

≥12yo ASYMPTOMATIC/MILD symptoms

(<4 days fever >100.4F, <1 week myalgia, chills, or lethargy)

GUIDANCE	<input type="checkbox"/> No exercise while in isolation
SCREENING	<input type="checkbox"/> AHA 14-element screen reviewed and negative <input type="checkbox"/> Out of isolation and ≥1 day symptom-free (excluding loss of taste/smell)
<input type="checkbox"/> <u>RETURN TO PLAY:</u> <ul style="list-style-type: none"> • Minimum 2 days of increase in physical activity (ie. one light practice, one normal practice) • No games before day 3 • Mask required for ALL activity until 10 full days from +test or symptom onset has passed • Immediately stop activity and have in-person medical evaluation for any chest pain, shortness of breath out of proportion with symptoms, new-onset palpitations, or syncope with return to exercise 	

≥12yo MODERATE symptoms

(>4 days fever >100.4, ≥1 week of myalgia, chills, or lethargy, or non-ICU hospital stay without evidence of MIS-C)

GUIDANCE	<input type="checkbox"/> No exercise while in isolation <input type="checkbox"/> No exercise until cleared by PCP
SCREENING	<input type="checkbox"/> In-person evaluation by PCP after symptoms resolved and out of isolation <input type="checkbox"/> Normal physical exam, AHA 14-element screen, and EKG <input type="checkbox"/> >10 days have passed since symptom onset or positive test
<input type="checkbox"/> <u>RETURN TO PLAY:</u> <ul style="list-style-type: none"> • Minimum 4 days of gradual increase in physical activity (ie. one light cardio workout, two light practices, one full practice) • No games before day 5 • Mask required for ALL activity until 10 full days from +test or symptom onset has passed • Immediately stop activity and have in-person medical evaluation for any chest pain, shortness of breath out of proportion with symptoms, new-onset palpitations, or syncope with return to exercise 	

Clinician: _____ Office Phone number: _____

Guidelines are based on national recommendations (<https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-interim-guidance-return-to-sports/>) to increase safety and minimize risk. Return to play should be a teams-based discussion between patient/caregiver and medical provider with continued teams-based care encouraged between school nurses and medical homes. This does not impact ability to return to school and is not the responsibility of the school nurse.

14-Element AHA Screening Checklist

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Chest pain/tightness/pressure related to exertion
<input type="checkbox"/>	<input type="checkbox"/>	Unexplained syncope or near-syncope (not including vasovagal cause)
<input type="checkbox"/>	<input type="checkbox"/>	Excessive exertional, unexplained shortness of breath/fatigue or new onset palpitations with exercise
<input type="checkbox"/>	<input type="checkbox"/>	New heart murmur on exam or persistent tachycardia
<input type="checkbox"/>	<input type="checkbox"/>	Abnormal pulses on exam including femoral pulses (to exclude aortic coarctation)
<input type="checkbox"/>	<input type="checkbox"/>	History of elevated systemic blood pressure
<input type="checkbox"/>	<input type="checkbox"/>	Prior restriction from participation in sports
<input type="checkbox"/>	<input type="checkbox"/>	Prior cardiac testing ordered by a physician
<input type="checkbox"/>	<input type="checkbox"/>	Family history of premature death <50yrs due to heart disease
<input type="checkbox"/>	<input type="checkbox"/>	Disability due to heart disease in a close relative <50yo
<input type="checkbox"/>	<input type="checkbox"/>	Family history of HCM/Dilated cardiomyopathy, long QT/ion channelopathies, Marfan syndrome, significant arrhythmias, or genetic cardiac conditions
<input type="checkbox"/>	<input type="checkbox"/>	History of heart murmur (excluding innocent/resolved murmurs)
<input type="checkbox"/>	<input type="checkbox"/>	Physical stigmata of Marfan Syndrome
<input type="checkbox"/>	<input type="checkbox"/>	Abnormal brachial artery blood pressure in sitting position on exam

14-Element AHA Screening Checklist adapted from Maron BJ, et al. *Journal of the American College of Cardiology*, 2014. AHA 14-element screening to be reviewed with special emphasis on symptoms of myocarditis (incidence 0.5-3%): **chest pain, shortness of breath out of proportion with URI symptoms, new-onset palpitations, or syncope**. Positive screening on non-bolded elements of the checklist may prompt cardiology referral, however these concerns are unlikely to be related to COVID19.