

COVID-19 Return to Play Screening for Patients < 20 years*

Student Name: _____ Sport: _____

Provider Name: _____

Date of COVID-19 test: _____

Date of COVID-19 symptom resolution: _____

Severity: (Circle One)

Asymptomatic

No symptoms

Mild

Temp under 100.4

Moderate

Temp over 100.4,

Symptoms 4 Days or Longer

Severe

	CHECK ONE:			
	Y		N	
Known significant heart disease				
Following resolution of acute COVID-19 infection, has the patient had:				
Chest pain/discomfort/tightness/pressure				
Unexplained syncope or near syncope				
Unexplained shortness of breath or fatigue				
Palpitations				
On exam, has the patient had:				
Abnormal cardiac findings (murmur, gallop, etc.)				
Hepatomegaly				
Abnormal pulmonary findings				
Swelling/edema				
Do you have any other concerns about the patient returning to play?				

If the severity is asymptomatic or mild and all of the above are "No," the patient may be cleared to return to play without a Pediatric Cardiology referral or specific cardiac testing.

*This form does not take the place of routine pre-participation screening which includes additional questions.

Provider Signature _____ Date: _____

