

## COVID-19 Return to Play Form

**According to Montana High School Association guidelines “Any MHSAA activity participant who has been diagnosed with COVID-19 cannot return to play until he/she is evaluated by a licensed health care professional and has written clearance to return to play from a licensed health care professional. The participant must also be cleared from isolation by the county health department.”**

Athlete's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Date of Positive Test: \_\_\_\_\_ Date of Symptom Onset: \_\_\_\_\_

Date of Symptom Resolution: \_\_\_\_\_ Date of Evaluation: \_\_\_\_\_

There are still many unknowns about the effects of COVID-19 on athletes and when it's safe for youth to return to sports after an infection. Although it seems to be less common in children than adults, COVID-19 is known to cause cardiac damage and heart inflammation (myocarditis). Additionally, myocarditis is recognized as a cause of sudden death in young athletes. Given these uncertainties, the following return to play recommendations were created based on expert opinion from Montana pediatric cardiologists and national guidelines (see attached guidance).

These recommendations are subject to change as research and recommendations evolve.

### Criteria to return

- Have met the current CDC return from isolation guidance (<https://www.cdc.gov/media/releases/2021/s1227-isolation-quarantine-guidance.html>) AND
- Athlete was not hospitalized and did not experience moderate/severe illness due to COVID-19 infection, AND;
- EKG performed and normal (may not be necessary in asymptomatic patients) AND;
- Cardiac screen negative for myocarditis/myocardial ischemia (All answers below must be no)
  - Chest pain/tightness with exercise YES  NO
  - Unexplained Syncope/near syncope YES  NO
  - Unexplained/excessive dyspnea/fatigue w/exertion YES  NO
  - New palpitations YES  NO
  - Heart murmur on exam YES  NO

**\*NOTE: If any of the above criteria to return are not met, pediatric cardiology consultation is recommended.**

Athlete HAS satisfied the above criteria and IS cleared to start the return to activity progression.

Athlete HAS NOT satisfied the above criteria and IS NOT cleared to return to activity until pediatric cardiology has been consulted.

Evaluator's Name: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

The AAP recommends not returning to sports/physical activity until children or adolescents have completed isolation, the minimum amount of symptom-free time has passed, they can perform normal activities of daily living, and they display no concerning signs/symptoms. All children younger than 12 years may progress back to sports/physical education classes according to their own tolerance. For children and adolescents 12 years and older, a graduated return-to-play protocol is recommended. The progression should be performed over the course of a 7-day minimum. Consideration for extending the progression should be given to children and adolescents who experienced **moderate** COVID-19 symptoms.

All children and adolescents and their parents/caregivers should be educated to monitor for **chest pain, shortness of breath out of proportion for upper respiratory tract infection, new-onset palpitations, or syncope** when returning to exercise. If any of these signs and/or symptoms occur, the AAP recommends immediately stopping exercise and the athlete should see their pediatrician for an in-person assessment. Consideration should be given for pediatric cardiology consultation.