



COVID-19 Screening Form for Athletics and Activities

Patient's Name: _____ DOB: _____ Age: _____ Today's Date: _____

A. Engagement in activity

1. Has the patient engaged in any type of physical activity (i.e. sports, play, exercise, PE, etc.)?
 Yes No (If no, skip to section B)
 - a. When did the activity start? _____
 - b. Describe the activity: _____
 - c. Does the patient experience any of the following symptoms during or after activity? (check all that apply)
 - Chest pain or chest tightness
 - Unexplained fainting or feeling like you were going to faint
 - Unexplained shortness of breath or excessive shortness of breath
 - Unexplained or excessive fatigue
 - Heart palpitations where you feel like your heart is beating out of your chest
 - Other: _____
 - No symptoms during or after activity

B. COVID-19 infection history. Has the patient had any of the following in the past 6 months? (check all that apply)

- Diagnosed with COVID-19 (positive test). Did the patient have symptoms? Yes No
If yes, date of positive test: _____
- Direct exposure with someone with COVID-19 but did not get tested or tested negative.
If yes, date of exposure: _____
- Was not tested but had symptoms consistent with COVID-19: fever, chills, cough, shortness of breath, difficulty breathing, headache, sore throat, body aches, fatigue, new loss of taste or smell, congestion, runny nose, nausea, vomiting, diarrhea.
If yes, date of illness: _____
- No known or suspected COVID-19 infection

C. Symptoms during COVID-19 infection or possible infection. Not Applicable

1. During a patient's illness, did the patient have any of these specific symptoms and for how long?

Fever > 100.4 °F	<input type="checkbox"/> Less than 4 days	<input type="checkbox"/> 4 days or more
Body aches	<input type="checkbox"/> Less than 7 days	<input type="checkbox"/> 7 days or more
Chills	<input type="checkbox"/> Less than 7 days	<input type="checkbox"/> 7 days or more
Lethargy or fatigue	<input type="checkbox"/> Less than 7 days	<input type="checkbox"/> 7 days or more
Shortness of breath	<input type="checkbox"/> Less than 7 days	<input type="checkbox"/> 7 days or more
Chest pain	<input type="checkbox"/> Less than 7 days	<input type="checkbox"/> 7 days or more
2. Is the patient still experiencing any symptoms?
 - Yes. Please describe symptoms: _____
 - No. Approximate date symptoms resolved: _____
3. Did the patient need to be hospitalized? Yes No If yes, please explain: _____
4. Was the patient diagnosed with Multisystem Inflammatory Syndrome (MIS-C) or have any of the following symptoms: rash, bloodshot eyes, trouble breathing, pain or pressure in the chest that does not go away, new confusion, inability to stay awake, bluish lips or face, or severe abdominal pain?
 Yes No If yes, please explain: _____

References

1. AAP COVID-19: Interim Guidance: Return to Sports.
<https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-interim-guidance-return-to-sports/>
2. Dean et al. Returning to Play After Coronavirus Infection: Pediatric Cardiologists' Perspective-July 14, 2020. American College of Cardiology.
<https://www.acc.org/latest-in-cardiology/articles/2020/07/13/13/37/returning-to-play-after-coronavirus-infection>

For Medical Provider Only

Based on COVID-19 infection and symptom screening, patient meets criteria for the following:

Staff Initials	Symptoms Criteria	Guidelines
	- No known or suspected COVID-19 infection or exposure to COVID-19 contact - No symptoms with current activity	- Clear for participation. No gradual return needed.
	- No known or suspected COVID-19 infection or exposure to COVID-19 contact - Symptoms during any level of physical activity	- Schedule appointment with Primary Care Provider. No exercise until seen in office.
	- Asymptomatic or Mild Symptoms: < 4 days of fever >100.4°F, or < 1 week of myalgia, chills, or lethargy	- Clear for participation after isolation period, 24 hrs symptom free, and according to age: <ul style="list-style-type: none"> • < 12 years of age, progress back to sports/activities according to own tolerance • ≥ 12 years of age, gradual return to full physical activity following Gradual Activity Progression Protocol
	- Moderate Symptoms: ≥ 4 days of fever >100.4°F, or ≥ 1 week of myalgia, chills, or lethargy or those who had a non-ICU hospital stay and no evidence of MIS-C	- No exercise until seen by Primary Care Provider. Order EKG. - If normal, clear for participation after isolation period, 10 days symptom free, and according to age: <ul style="list-style-type: none"> • < 12 years of age, progress back to sports/activities according to own tolerance • ≥ 12 years of age, gradual return to full physical activity following Gradual Activity Progression Protocol - If abnormal, refer to Cardiology and no exercise until seen by Cardiology
	- Severe Symptoms: ICU stay and/or intubation, MIS-C, or abnormal cardiac tests/labs	- Referral to Cardiology - No exercise for 3-6 months

- Patient has been cleared for participation with no restrictions
- Patient has been cleared for participation with gradual return to full physical activity following the Gradual Activity Progression protocol below
- Patient has already completed the Gradual Activity Progression protocol and can return to full physical activity

Provider Name: _____ **Provider Signature:** _____ **Date:** _____

Address or Clinic Stamp: _____

For Patient and/or Caregiver or Schools

- Do not return to sports/physical activity until the patient can perform normal activities of daily living without any cardiorespiratory symptoms.
- When returning to exercise, monitor for shortness of breath, chest pain or chest tightness, heart palpitations, and dizziness or feeling faint. Please stop exercise and follow up with your provider if any symptoms occur.

Gradual Activity Progression				
The stages below are to be followed upon return to physical activity (at school) after obtaining a medical provider's signature. Evaluator will be an athletic trainer or other school staff member.				
Stage	Target Heart Rate	Duration	Activity	Date & Evaluator's Initials
			Max Heart Rate (MHR) can be established by taking the student-athlete's age and subtracting from 220. i.e., 220 - 16 = 204 bpm Target Heart Rate (THR) can be established by taking MHR and dividing it by the percentage of workload i.e., 204 x 0.70 (70%) = 142 bpm	
Stage 1: Day 1 & 2 (2 Days Minimum)		15 min or less	Light activity (walking, jogging, stationary bike) – intensity no greater than 70% of maximum heart rate. NO resistance training.	
Stage 2: Day 3 (1 Day Minimum)		30 min or less	Add simple movement activities (i.e. running drills) – intensity no greater than 80% of maximum heart rate.	
Stage 3: Day 4 (1 Day Minimum)		45 min or less	Progress to more complex training – intensity no greater than 80% maximum heart rate. May add light resistance training.	
Stage 4: Day 5 & 6 (2 Days Minimum)		60 min	Normal training activity – intensity no greater than 80% maximum heart rate.	
Stage 5: Day 7			Return to full activity/participation (i.e. contests/competitions)	