

# Sports/Physical Education Clearance after COVID-19 Infection

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Have you had Covid-19 in the past 6 months?    No (Sign below)    Yes (continue below)

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## Severity of Illness – Initial one:

\_\_\_\_ The above-named student had **asymptomatic OR mild** COVID-19 infection within the past 6 months.

- Less than 4 days of fever above 100.4
- Less than 1 week of myalgia (muscle aches & pains), chills or lethargy (fatigue)

\_\_\_\_ The above-named student had **moderate symptoms** of COVID-19 infection within the past 6 months.

- More than 4 days of fever above 100.4
  - More than 1 week of myalgia (muscle aches & pains), chills or lethargy (fatigue) or a non-ICU hospital stay and no evidence of Multisystem inflammatory syndrome (MIS-C)
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If you had **moderate to severe symptoms**, you must be seen by your primary doctor, you cannot be seen by the school doctor.

## How to Proceed – to be completed by a Physician

\_\_\_\_ The above-named student has a history of **mild** COVID-19 in the past 6 months. They have already returned to physical activity or sports on their own without any complaints of severe shortness of breath, chest pain, palpitations, or syncope. They are cleared to continue with physical activity or sports.

\_\_\_\_ The above-named student has a history of **moderate to severe** COVID-19 in the past 6 months.

- A history and physical exam were performed and were unremarkable
  - An EKG was normal
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## Signatures

\_\_\_\_\_  
Medical Provider Name

\_\_\_\_\_  
Medical Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date