

# St. Paul Catholic High School

## Medical Authorization Form

### Participation Clearance Following a COVID-19 Infection

Based upon a physical examination \_\_\_\_\_ is recommended for one of the following 3 options listed below.

\_\_\_\_\_  
(health care provider name, printed)                      \_\_\_\_\_  
(health care provider signature)                      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(date)

Health Care Provider Authorization / having been COVID positive the student athlete was:

- Date of Positive COVID Test: \_\_\_\_\_

Asymptomatic\_\_\_\_    Mildly Symptomatic\_\_\_\_    Moderately Symptomatic \_\_\_\_    Severe Symptoms\_\_\_\_

- I have performed an assessment of the student athlete in accordance with AAP guidance (see reverse side) and recommend the following return to play protocol.

\_\_\_\_ 1.) **Return to athletics \*immediately with no restrictions for practice or competition, and no need for further return to play protocols.**

\_\_\_\_ 2.) **Limited return to athletics – the athlete may \*immediately begin the gradual return to play protocols at the following stages:**

AAP Gradual Return-to-Play Plan: The following progression was adapted from Elliott N, et al, infographic, British Journal of Sports Medicine, 2020:

**Stage 1:** Day 1 and Day 2 - (2 Days Minimum) - 15 minutes 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 minutes or less: Add simple movement activities (eg. running drills) - intensity no greater than 80% of maximum heart rate.

**Stage 3:** Day 4 - (1 Day Minimum) - 45 minutes or less: Progress to more complex training - intensity no greater than 80% maximum heart rate. May add light resistance training.

**Stage 4:** Day 5 and Day 6 - (2 Days Minimum) - 60 minutes: Normal training activity - intensity no greater than 80% maximum heart rate.

**Stage 5:** Day 7 - Return to full activity/participation (i.e., - Contests/competitions)

\_\_\_\_ 3.) **If Moderate or Severe symptoms – other recommendations / guidance before a return to play.**

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### Parent/Legal Guardian Authorization

I attest that \_\_\_\_\_ has been evaluated physically by an authorized medical provider and give my consent for his/her participation in the competitive sports program at St. Paul \_\_\_\_\_

\_\_\_\_\_  
(parent/guardian signature)                      (date)