

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.**

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)