

City School District of New Rochelle

Post COVID-19 Athletic Clearance

In accordance with AAP guidance, Tier designations for athletes who have had COVID-19 disease PRIOR TO ATHLETIC APPROVAL are as follows:

Tier 1: any student/athlete who has had asymptomatic COVID disease within the past 6 months requires a PCP note designating normal cardiac status with no evidence of Myocarditis or any residual Cardiac abnormality

Tier 2: any athlete with mild to moderate COVID disease is required to have a PCP or Cardiologist report, with EKG, designating no residual cardiac abnormalities.

Tier 3: any athlete who has had severe COVID disease or required hospitalization for COVID disease MUST provide Cardiological clearance including an EKG, blood Troponin test, and if needed and echocardiogram before athletic reentry.

In addition, once cleared by PCP or Cardiologist, any athlete with **COVID disease within the 4 weeks prior to start of the sports season must follow the Return To Play (RTP) protocol.**

City School District of New Rochelle COVID-19 Return to Athletics Health Care Provider Clearance Form

This form must be completed by the Health Care Provider and is required for all student athletes who have tested positive for COVID-19. These individuals have completed the required isolation period, have a release letter from The Department of Health (DOH) or have been released from isolation per DOH guidelines to return to school, and are returning to their Health Care Provider to complete this medical clearance form to participate in athletics.

Student's name: _____ **D.O.B.:** _____

Date of positive COVID-19 test: _____ **Date of HCP evaluation:** _____

Criteria to begin athletics (to be completed by Health Care Provider)

14 days have passed since the resolution of COVID-19 symptoms without the use of fever reducing medication.

Please circle YES* or NO.

Chest pain/tightness: YES / NO

Unexplained syncope/near syncope: YES / NO

Unexplained/excessive dyspnea/fatigue: YES / NO

New palpitations: YES / NO

Heart murmur on exam: YES / NO

**If answered YES to any of the above questions, student may NOT participate in athletics.*

Category of a Positive COVID-19 Diagnosis (Check one of the following):

Asymptomatic

Mild to Moderate Symptoms (EKG required)

Severe Symptoms (Cardiologist clearance required)

Health Care Provider must answer the following questions:

1. Does this student NEED a Cardiologist assessment: YES / NO

2. Does this student NEED additional accommodations: YES / NO

If "YES" please provide specific accommodation requirements (i.e. extend return to play, extra days)

Health Care Provider must check one of the following:

The Student HAS satisfied the above criteria and IS cleared for athletics.

The Student HAS NOT satisfied the above criteria and IS NOT cleared to begin athletics.

Health Care Provider

Provider Signature: _____ Date: _____

Provider Name: (please print) _____ Provider Stamp: