

Hillsborough County Public Schools COVID-19 Return to Participation

Once cleared by a physician (top section), this form is to be completed by an appropriate on campus health care provider (Certified Athletic Trainer, school nurse if AT is not present)



Athlete Name: _____ DOB: ____ / ____ / ____ Positive Test Date ____ / ____ / ____

Sport: _____ School: _____ Level(Varsity/JV): _____

I (treating physician) certify that the above listed athlete has been evaluated due to positive Covid-19 diagnosis and currently is/has:

(All boxes must be checked before proceeding)

10 days of quarantine

Asymptomatic

24 hours fever free without the use of fever reducing medicine

The athlete named above is cleared to begin a graded return to play protocol (outline below) under the supervision of a certified athletic trainer, or other health care professional that is available on campus as of the date indicated below. If the athlete experiences a return of any COVID-19 symptoms while attempting a graded return to play, the athlete is instructed to stop play immediately and notify a parent, certified athletic trainer or coach.

By signing below, I certify that I am a medical provider or physician familiar with the most current COVID-19 information. This form will be used to guide return to play progression (page 1) and return to competition.

Provider Name: _____ Signature/Degree: _____

Provider Phone: _____ Fax: _____ Today's Date: _____

Graded Return To Play

Each stage should take a minimum of 24 hours. Student-athletes who begin to experience symptoms during a stage should immediately rest until symptoms resolve and may reattempt the stage the following day.

| | Activity Description | Functional Exercise | % HR Max | Duration | Date | AT Initials |
|----------|------------------------------------|---|---------------------|---------------------|------|-------------|
| Stage 1 | Light Activity | Light Aerobic activity, no resistance training. | <70% | <15 minutes | | |
| Stage 2a | Frequency Increases | Simple agility drills | <80% | <30 minutes | | |
| Stage 2b | Duration Increases | More complex sport specific dills | <80% | <45 minutes | | |
| Stage 3 | Increase Intensity | Normal non-contact activities | <80% | <60 minutes | | |
| Stage 4 | Resume Normal Training Progression | Normal training, no competition | Normal progressions | Normal Progressions | | |
| Stage 5 | Return to competition | Return to competition/full contact | Normal progressions | Normal Progressions | | |

I attest the above named athlete has completed the graded return to play protocol as dated above

Athletic Trainer Name: _____ AT License Number: _____ Phone: _____

Athletic Trainer Signature: _____ Date ____ / ____ / ____