



**Montgomery Township School District**  
Health Services

**Covid-19 Return to Play Guidance**

Patient Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

*In order to return to sports after infection with Covid-19, per the American Academy of Pediatrics, students must wait at least 5 days from their first day of symptoms and be fever free with symptoms improving for more than 24 hours. In addition, student athletes must have a physical exam performed AFTER their symptoms have improved, with focus on the cardiac exam.*

**Please check only one:**

- This patient MAY NOT return to sports.** They had moderate to severe disease (4 days or more of fever, chills, muscle aches or were hospitalized). They will need to see a cardiologist for further clearance.
  
- This patient MAY return to sports.** They are 5 days from their 1<sup>st</sup> day of symptoms (or positive test if asymptomatic), fever free and their symptoms have improved. They have been evaluated by me *after* resolution of their Covid illness, during which they had either no symptoms or only mild/moderate symptoms (3 days or less of fever, muscle aches, chills) and they were not hospitalized. They have a normal cardiac exam, and are cleared to return to sports after completing a graduated return to play (*the graduated return to play can be omitted if it has been over two weeks since they have been cleared from being contagious from Covid-19 and if the student reports that they have been exercising on their own without any shortness of breath, exercise intolerance or other cardiac symptoms*). A face mask should be worn for ALL physical activity, including games or scrimmages, until 10 full days from positive test or symptom onset have passed.

**Please check one:**

- **Asymptomatic/mild symptoms:** Minimum 1 day symptom free (excluding loss of taste/smell), 2 days of increase in physical activity, no games before day 3.
  
- **Moderate symptoms:** Minimum 1 day symptom free (excluding loss of taste/smell), and a minimum of 4 days of gradual increase in physical activity, no games before day 5.

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

\_\_\_\_\_  
Date

Office stamp
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