COVID-19 Return to Play Form

According to Montana High School Association guidelines "Any MHSA activity participant who has been diagnosed with COVID-19 cannot return to play until he/she is evaluated by a licensed health care professional, and has written clearance to return to play from a licensed health care professional. The participant must also be cleared from isolation by the county health department."

Athlete's Name:	DOB:
Date of Positive Test:	Date of Symptom Onset:
Date of Symptom Resolution:	Date of Evaluation:
sports after an infection. Although it see cardiac damage and heart inflammation death in young athletes. Given these unbased on expert opinion from Montana	e effects of COVID-19 on athletes and when it's safe for youth to return to ems to be less common in children than adults, COVID-19 is known to cause (myocarditis). Additionally, myocarditis is recognized as a cause of sudder certainties, the following return to play recommendations were created pediatric cardiologists and national guidelines (see attached guidance). change as research and recommendations evolve.
Criteria to return	
☐ 14 days have passed since resoluquarantine, AND;	tion of symptoms OR has been asymptomatic throughout 14 days of
☐ Athlete was not hospitalized and d COVID-19 infection, AND;	did not experience moderate/severe illness (see attached) due to
☐ EKG performed and normal (may	not be necessary in asymptomatic patients) AND;
☐ Cardiac screen negative for myoca	arditis/myocardial ischemia (All answers below must be no)
 Chest pain/tightness with exe Unexplained Syncope/near s Unexplained/excessive dysp New palpitations YES □ NO Heart murmur on exam YES 	syncope YES □ NO □ nea/fatigue w/exertion YES □ NO □ □
*NOTE: If any of the above criteria recommended.	to return are not met, pediatric cardiology consultation is
☐ Athlete HAS satisfied the above progression.	e criteria and IS cleared to start the return to activity
☐ Athlete HAS NOT satisfied the pediatric cardiology has been con	above criteria and IS NOT cleared to return to activity until nsulted.
Evaluator's Name:	Office Phone:
Evaluator's Signature:	Date:

Engaging in athletic activities has important physical and mental health benefits for children and Adolescents. However, there are still many unknowns about the effects of COVID-19 on athletes and when it's safe for youth to return to sports after an infection. Although it seems to be less common in children than adults, COVID-19 is known to cause cardiac damage and heart inflammation (myocarditis). Additionally, myocarditis is recognized as a cause of sudden death in young athletes. Given these uncertainties, the following recommendations were created based on expert opinion from Montana pediatric cardiologists and national guidelines from the American Academy of Pediatrics and American College of Cardiology¹⁻⁵...

- Athletes or participants who exhibit any signs or symptoms of COVID-19 should be **held out of ALL practices, games, and events.**
- They should seek the advice of their healthcare provider and/or public health for recommendations on testing, isolation, and return-to-play.
- Following MHSA guidelines, all athletes with a positive test should have an evaluation by a licensed healthcare provider.
- National and local pediatric cardiologists also recommend the following:
 - Asymptomatic: the athlete should not return to sports until 14 days after receiving their test results and be evaluated by a healthcare provider.
 - Mild illness (no fever and symptoms lasting <3 days): The athlete should not return to sports until 14 days after their COVID-19 symptoms have resolved AND have a normal EKG before return.
 - Moderate illness (prolonged fevers lasting >3 days, bedrest, but no hospitalization or abnormal cardiac testing): The athlete should not return to sports until 14 days after their COVID-19 symptoms have resolved AND a referral to a pediatric cardiologist for further evaluation should be done before return.
 - Severe illness (hospitalization, abnormal cardiac testing, Multisystem Inflammatory Syndrome in Children (MIS-C)): The athlete should not return to sports until they have complete cardiac testing done and be cleared by a pediatric cardiologist. Some of these patients may require a 3-6 month restriction from sports due to concern for heart inflammation (myocarditis).

Disruptions in sports can be challenging for everyone, especially children and adolescents. Some participants may be emotionally affected more than others. This loss can also have a significant emotional impact on parents. All athletes should be monitored for signs and symptoms of depression and anxiety if their participation is disrupted. This guidance is intended to encourage a safe return to sports participation during the COVID-19 pandemic. Every situation is different, and there may be other medical reasons follow-up testing is needed before returning to sports. These recommendations are likely to evolve as we continue to learn more about the effects of COVID-19 in athletes. That is why it is important for athletes, families, coaches, and schools to continue working closely with your local pediatric health experts as our collective understanding of COVID-19 and its effects on athletes is constantly evolving.

References

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