



MEDICAL REFERRAL for POST COVID-19 STUDENTS

TO: Name: _____ Date: _____
Address: _____ School: _____
RE: Student: _____ Birthdate: _____
Address: _____
Telephone: _____

FROM: _____ POSITION: _____
Name of Staff Member School Nurse; Athletic Trainer; Athletic Director; Other

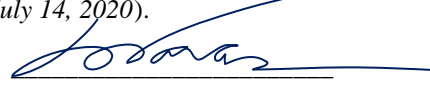
STAFF CONTACT INFO: _____
Best days/hours to reach; Telephone number or other contact

Dear Medical Professional

A recent screening at school revealed that this student has a history of COVID-19 disease. Although serious complications of this disease are rare in children, myocarditis has been a problem in a minority of children and adolescents.

This school district requires clearance for this student to participate in exertive sports and related aerobic activities. An algorithm is attached to this form, that reflects a set of recommendations put out by the *American Academy of Pediatrics* and the *American College of Cardiology* (based on: *Dean PN, Jackson LB, Paridon SM "Returning to Play after Coronavirus Infection: Pediatric Cardiologists Perspective; July 14, 2020*).

Thank you for your cooperation.


Howard Taras, MD
School District Physician

MEDICAL FINDINGS: _____

INVESTIGATIONS: _____

RECOMMENDATION FOR PHYSICAL ACTIVITY (describe limitations and date when full or partial activity can resume): _____

(Name of Examiner) (MD, DO, NP, PA) _____ / _____
(circle one) (Signature of Examiner) Date

(License Number of Examiner) (Telephone Number of Examiner)

RETURN TO PLAY AFTER COVID-19 INFECTION IN PEDIATRIC PATIENTS

Interim Recommendations as of November, 2020

START

HX of COVID-19 INFECTION & ASYMPTOMATIC > 14 DAYS AFTER INFECTION DX

HX & PHYSICAL (see Note 1)

Hx: Chest Pain, SOB, Fatigue, Palpitations, Syncope
PE: Abnormal Cardiac Exam

HX or PE POSITIVE

ECG + Consider Cardio Referral

HX & PE NEGATIVE

Note 1
All patients with a known or suspected history of a COVID-19 infection require clearance with a primary care provider.

ASYMPTOMATIC/MILD SYMPTOMS

No Symptoms or Symptoms < 3 days

MODERATE SYMPTOMS

Any Symptoms Incl. Fever ≥ 3 days

SEVERE SYMPTOMS

- Hospitalized due to COVID-19
- Hx of MIS-C
- Abnormal Cardiac Testing/Labs

CLEAR FOR PARTICIPATION with GRADUAL RETURN TO FULL PHYSICAL ACTIVITY OVER 2 WEEKS (4 WEEKS TOTAL) See Note 2

- Age < 12 y/o OR
- Low Intensity Participation (i.e. PE)

Note 2: Be alert for cardiac symptoms that may develop following return to full activity. Referral to Cardiology if symptoms.

- Age ≥ 12 y/o AND
- Competitive Sports or High Intensity Physical Activity

ECG Prior to Participation

Follow Myocarditis Return to Play Guidelines

1. Cardiology Referral
2. Testing: ECG, Echo, 24 Hr Holter Monitor, Exercise Stress Test, +/- Cardiac MRI
3. Exercise: Restriction for 3-6 Months

Normal ECG

Abnormal ECG

No Significant Concerns

Cardiology Referral

Concern For Myocarditis

The guideline is meant to support clinical assessment and medical decision making. It is not intended or meant to replace the provider's professional judgment or establish a professional standard of care. The guideline should be modified based on the provider's professional judgment in considering individual patient's needs.

The COVID-19 interim guidance provided here has been updated based on current evidence and information available at the time of publishing. Guidance will be regularly reviewed with regards to the evolving nature of the pandemic and emerging evidence. All interim guidance will be presumed to expire in December 2020 unless otherwise specified (as noted by the AAP).

References

1. AAP COVID-19: Interim Guidance: Return to Sports. <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-interim-guidance-return-to-sports/>
2. Dean et al. Returning to Play After Coronavirus Infection: Pediatric Cardiologists' Perspective-July 14, 2020. American College of Cardiology. <https://www.acc.org/latest-in-cardiology/articles/2020/07/13/13/37/returning-to-play-after-coronavirus-infection>