

COVID-19 CARDIAC EVALUATION RELEASE TO SPORT ACTIVITY
FOR LICENSED HEALTH CARE PROVIDERS

(Section One: Completed by Athletic Training Staff)

Patient Name: _____ Date: _____

Sport: _____ Grade: _____ Duration of Symptoms: _____

Brief Description of Symptoms: _____

(Section Two: Completed by License Health Care Provider)

Athletes returning to sport following a positive diagnosis of symptomatic COVID-19 are at higher risk for cardiac injury (e.g. myocarditis) with participation in intense exercise. The American College of Cardiology has recommended cardiac screening upon return to sport exercise in these patients. Tests recommended include but are not limited to ECG or blood testing for inflammatory markers.

Health Care Provider Name: _____

License Number: _____ Licensing Board: _____

Testing Performed/ Ordered:

I have evaluated the patient mentioned above, and the patient is:

___ NOT cleared to participate in any sport-related activities (including gym class) until further evaluated

___ Cleared as of _____ (date) to begin return to sport activity progression

___ Other (please list below):

(Signature of Health Care Provider)

(Date)