

Screening history for return to exercise clearance in pediatric patients after COVID-19 Infection by a licensed healthcare professional (e.g. athletic trainer, registered nurse) with an accountable supervising physician

Name: _____ DOB: _____

Isolation Release Date: _____ Date asymptomatic (off fever-reducing medication): _____

Current Temp Reading: _____

Symptoms during infection with duration: _____

Severity (Circle One)			
Asymptomatic	Mild	Moderate	Severe
+ test only ANSWER QUESTIONS BELOW	Fever < 4 days or systematic symptoms* < 1 week ANSWER QUESTIONS BELOW	Fever ≥ 4 days or systematic symptoms* ≥ 1 week or hospitalization REQUIRES CLEARANCE BY PRIMARY CARE PROFESSIONAL (PCP)	Hospitalized in ICU and/or with intubation (including MIS-C) REQUIRES CLEARANCE BY PCP/ ENSURE INVOLVEMENT OF PEDIATRIC CARDIOLOGY

**Fever is T > 100.4 F. Systemic symptoms include chills, congestion, GI symptoms, headache, lethargy, myalgia*

Following Resolution of acute COVID-19 infection, has the patient had:		
Chest pain/discomfort/tightness/pressure	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Unexplained syncope or near syncope	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Unexplained shortness of breath or fatigue	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Palpitations	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If YES to any of the above → refer to PCP for in person evaluation

If the severity is asymptomatic or mild, the patient has been asymptomatic for 48 hours (without fever reducing medications), AND all of the above are NO,

- begin participation in a supervised Gradual Return to Play (RTP) program AND
- complete questions on next page

Heart Health History Questions (from AHA 14 element cardiac PPE screening):		
Known significant heart disease (refer to PCP if not already documented on a Pre-participation Evaluation (PPE) form)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever passed out or nearly passed out during or after exercise?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Has a doctor ever told you that you have any heart problems?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you get light-headed or feel shorter of breath than your friends during exercise?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever had a seizure?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
History of elevated systemic blood pressure	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Prior restriction from participation in sports	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Prior cardiac testing ordered by a physician	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Family history of premature death <50yrs due to heart disease	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Disability due to heart disease in a close relative <50yo	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Family history of HCM/dilated cardiomyopathy, long QT/ion channelopathies, Marfan Syndrome, significant arrhythmias, or genetic cardiac conditions	YES <input type="checkbox"/>	NO <input type="checkbox"/>
History of heart murmur (excluding innocent/resolved murmurs)	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If **YES** to any of the above **AND** not already addressed as documented on PPE form

→ do NOT allow resumption of competition (may continue RTP) until cleared by PCP (in person or by documentation)

If **NO** to all of the above

→ send a copy of this form to the patient's PCP for their records

Professional Name & Credential (Printed)

Signature

Date