

**Screening history for return to play/exercise (RTP) clearance in pediatric patients after COVID-19 Infection  
by the primary care office**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Symptoms during infection with duration: \_\_\_\_\_

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

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

<b>Following Resolution of acute COVID-19 infection, has the patient had:</b>		
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 → Schedule 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 Graded Return to Play/Exercise (RTP) program

Has the patient had a Pre-participation Evaluation (PPE, or “sports physical”) documented in their medical record?

→ If **YES**, screening is complete, stop here

→ If **NO**, proceed to the next page

<b>Heart Health History Questions (AHA 14 element PPE cardiac screening):</b>		
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 unmanaged elevated systemic blood pressure?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Prior restriction from participation in sports without resolution?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Prior cardiac testing ordered by a physician without resolution?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Family history of premature death < 50 years of age due to heart disease	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Disability due to heart disease in a close relative < 50 years of age	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 unaddressed 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

→ do **NOT** allow resumption of competition (may continue RTP) until evaluated in person

If **NO** to all of the above

→ document in the patient's medical record