

Kennedy Catholic Preparatory School

COVID-19 Assessment & Clearance to Participate in Athletics

Students who have been diagnosed with COVID-19 may be at higher risk for cardiovascular complications, including myocarditis, and must be cleared by their physician to participate in athletics. This applies to any student who has been diagnosed with COVID-19, and where at least 7 days have passed since the positive diagnosis. This form must be completed by the student athlete's physician and returned to the school nurse.

Student Name: _____

Date of Birth: _____

Sport(s): _____

Date of COVID-19 Positive Test: _____

1. Was the student hospitalized due to COVID-19?

☐ YES (explain) ☐ NO

2. Does the student have any history of cardiac abnormalities?

☐ YES (explain) ☐ NO

Recent Symptoms:

1. Chest pain at rest or with exertion? (not musculoskeletal or costochondritis)

☐ YES (explain) ☐ NO

2. Shortness of breath with minimal activity?

☐ YES (explain) ☐ NO

3. Excessive fatigue with exertion?

☐ YES (explain) ☐ NO

4. Abnormal heartbeat or palpitations?

☐ YES (explain) ☐ NO

5. Syncope or near-syncope?

☐ YES (explain) ☐ NO

Severity of Symptoms (select one):

1. **Mild Case** (no fever or < 4 days of fever, short duration of myalgia, lethargy)

☐

2. **Moderate Case** (fever for 4 days or more, no hospitalization – EKG Required (Referral to cardiologist to be determined by MD)

☐

3. **Severe Case** (hospitalization – EKG & cardiology referral required)

☐

For moderate and severe cases, cardiovascular exam normal?

☐ YES ☐ NO

**Student-athlete cleared for full activity, including
high-intensity sports participation?**

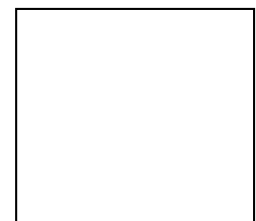
☐ YES ☐ NO

Comments (attach additional pages as needed): _____

Physician Printed Name

Physician Signature

Date



**Physician Stamp
REQUIRED**