



NMAA COVID-19 MEDICAL CLEARANCE FORM

Per the New Mexico Activities Association, if an athlete has tested positive for COVID-19, he/she must be cleared by an approved health care provider (MD/DO/NP/PA)

NAME (Last, First, MI): _____ AGE: _____ GRADE: _____ DATE OF BIRTH: ____/____/____
SCHOOL: _____ DATE OF POSITIVE TEST: ____/____/____ DATE ONSET OF SYMPTOMS: ____/____/____

MEDICAL CLEARANCE – UPDATED 1/27/2022

DATE OF EVALUATION: ____/____/____

CRITERIA TO RETURN (Please Check Below as Applies)

- ☐ Athlete was not hospitalized due to COVID-19 infection **AND**
- ☐ If mild symptoms or asymptomatic, at least 5 days have passed since the onset of symptoms **OR**
- ☐ If moderate symptoms, at least 10 days have passed since date of positive test and a minimum of 10 days of symptom resolution has occurred off fever-reducing medicine **AND**
- ☐ Cardiac screen questions negative for myocarditis/myocardial ischemia:
- | | YES | NO |
|---|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> Chest pain/tightness with exercise..... | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Unexplained Syncope/near syncope | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Unexplained/excessive dyspnea/fatigue w/exertion..... | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> New Palpitations | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> New Heart Murmur on exam | <input type="checkbox"/> | <input type="checkbox"/> |

NOTE TO APPROVED HCP:

****If Moderate disease OR any cardiac screening question is positive, further workup is indicated: EKG (at minimum), Echocardiogram, Cardiology Consult, CXR, Spirometry, Chest CT, Cardiac Magnetic Resonance (CMR).***

American Academy of Pediatrics Interim Guidance:

- **Asymptomatic or mildly symptomatic** (<4 days of fever >100.4°F, short duration of myalgia, chills, and lethargy). At least phone/telemedicine assessment by PCP. **The phone/telemedicine visit should include appropriate questions about chest pain, shortness of breath out of proportion for upper respiratory tract infection, new-onset palpitations, or syncope.** Any child or adolescent who reports these signs/symptoms should have an in-office visit that includes a complete physical examination,
- **Moderate** symptoms of COVID-19 (≥4 days of fever >100.4°F, myalgia, chills, or lethargy or those who had a non-ICU hospital stay and no evidence of MIS-C), an EKG and cardiology consult is currently recommended after symptom resolution, and at a minimum of 10 days past the date of the positive test result. Individuals who test positive for SARS-CoV-2 should not exercise until they are cleared by a physician. The cardiologist may consider ordering a troponin test and an echocardiogram at the time of acute infection.
- **Severe** COVID-19 symptoms (ICU stay and/or intubation) or **multisystem inflammatory syndrome in children (MIS-C)**. Recommend restriction from exercise for a minimum of 3 to 6 months and definitely require cardiology clearance prior to resuming training or competition. Coordination of follow-up cardiology care should be arranged prior to hospital discharge. Extensive cardiac testing should include but is not limited to: troponin tests, echocardiogram, and cardiac MRI.

Athletes with severe disease who were hospitalized or diagnosed with MIS-C, should NOT return to play for 3-6 months and should be cleared by Cardiologist.

- ☐ Athlete **HAS** satisfied the above criteria and **IS** cleared to start the return to activity progression.
- ☐ Athlete **HAS NOT** satisfied the above criteria and **IS NOT** cleared to return to activity

Additional Comments/Recommendations:

Medical Office Information (Please Print/Stamp):

Healthcare Provider's Name/Signature: _____

Office Address: _____ Office Phone: _____



RECOMMENDED RETURN TO PLAY PROCEDURES AFTER MODERATE/SEVERE COVID-19 INFECTION

Name (Last, First, MI): _____ Date of Birth: ____/____/____

Student ID#: _____ Sport: _____

Date of Positive Covid-19 Test: ____/____/____

Date of Medical Clearance: ____/____/____

- Student-Athletes must have Medical Clearance from COVID-19 on File to initiate Return to Play Progression.
- Student-Athletes who develop chest pain, chest tightness, palpitations, lightheadedness, fainting, or near fainting during Return to Play Progression should be referred back to the evaluating provider who signed the form.

Stage 1: (2 Days Minimum) Light Activity (Walking, Jogging, Stationary Bike) for 15 minutes or less at intensity no greater than 70% of maximum heart rate. NO resistance training.

Date: _____ Notes: _____

Date: _____ Notes: _____

Stage 2: (1 Day Minimum) Add simple movement activities (e.g. running drills) for 30 minutes or less at intensity no greater than 80% of maximum heart rate.

Date: _____ Notes: _____

Stage 3: (1 Day Minimum) Progress to more complex training for 45 minutes or less at intensity no greater than 80% maximum heart rate. May add light resistance training.

Date: _____ Notes: _____

Stage 4: (1 Day Minimum) Normal Training Activity for 60 minutes or less at intensity no greater than 80% maximum heart rate.

Date: _____ Notes: _____

Stage 5: (1 Day Minimum) Return to Team Activities, Strength & conditioning, and skill work, non-contact practice.

Date: _____ Notes: _____

Stage 6: Return to Team Activities, Return to full Team Practice.

Date: _____ Notes: _____