

Returning to Sports post Covid-19 Infection

Name: Sport:
DOB: Grade:

Date of symptoms starting:

Date of Positive test:

Date of resolved symptoms:

Did symptoms last longer than 4 days? Yes No

Have you had Covid Symptoms (other than loss of taste or smell) in the last 24 hours? Yes No

Did you have 4 or more days of fever over 100.4F? Yes No

Did you have body aches, chills, or lethargy that lasted more than a week? Yes No

Were you admitted to the hospital? Yes No

Were you admitted to the ICU? Yes No

Were you diagnosed with Multisystem Inflammatory Syndrome (MIS-C or MIS-A)? Yes No

Were you diagnosed with myocarditis? Yes No

Did you have any chest pain, shortness of breath, palpitations, or pass out during or after your Covid 19 illness?

Yes No

By signing below, I indicate that my child is no longer exhibiting symptoms developed while testing positive for the COVID-19 Virus. I certify that to the best of my knowledge the above information is accurate and true and I adhere to the COVID-19 protocols established by the East Greenbush Central School District in order for my child to participate and return to interscholastic sports. As the parent/guardian of _____, I understand the risks of returning to interscholastic athletics and approve my child to begin the two (2) step return to play process before being cleared for participation.

Printed Name

Signature

Date