



**Briarcliff Manor Union Free School District
COVID-19 Return to Activity - Health Care Provider Clearance Form**

Dear parent/guardian and healthcare provider,

This form should be brought to your visit and **completed by the Health Care Provider**. It is required for ALL student athletes who have tested positive for COVID-19 and/or have a history of COVID-19 infection. These individuals have already completed the required isolation period or have been released from isolation per DOH guidelines to return to school.

To the healthcare provider: Please complete this medical clearance form for participation in activities.

Student's Name: _____ DOB: _____

Date of COVID-19 Illness: _____

Date of evaluation/Today's date– must be at least 10 days later than COVID illness: _____

Category of a Positive COVID-19 Diagnosis (Check one) See flow chart on page 2.

Asymptomatic or Mild Symptoms

Moderate Symptoms

Severe Symptoms

Criteria to begin activities (to be completed by Health Care Provider):

At least 10 days asymptomatic from either illness or positive COVID-19 test.

Please circle YES or NO . Any YES responses may require further evaluation.

- Hospitalization due to COVID symptoms? **YES NO**
- History of cardiac abnormalities followed by cardiologist? **YES NO**
- Recent Symptoms:
 - Chest pain at rest or with exertion? (not musculoskeletal or costochondritis) **YES NO**
 - Shortness of breath with minimal activity? **YES NO**
 - Excessive fatigue with exertion? **YES NO**
 - Abnormal heartbeat or palpitations? **YES NO**
 - Syncope or near-syncope? **YES NO**

Healthcare Provider must answer the following questions:

Current normal cardiovascular exam? **YES NO**

Does this student need further cardiology assessment? **YES NO**

Is this student cleared for full participation in activities? **YES NO**

Provider Name _____

Provider Stamp:

Provider Signature _____

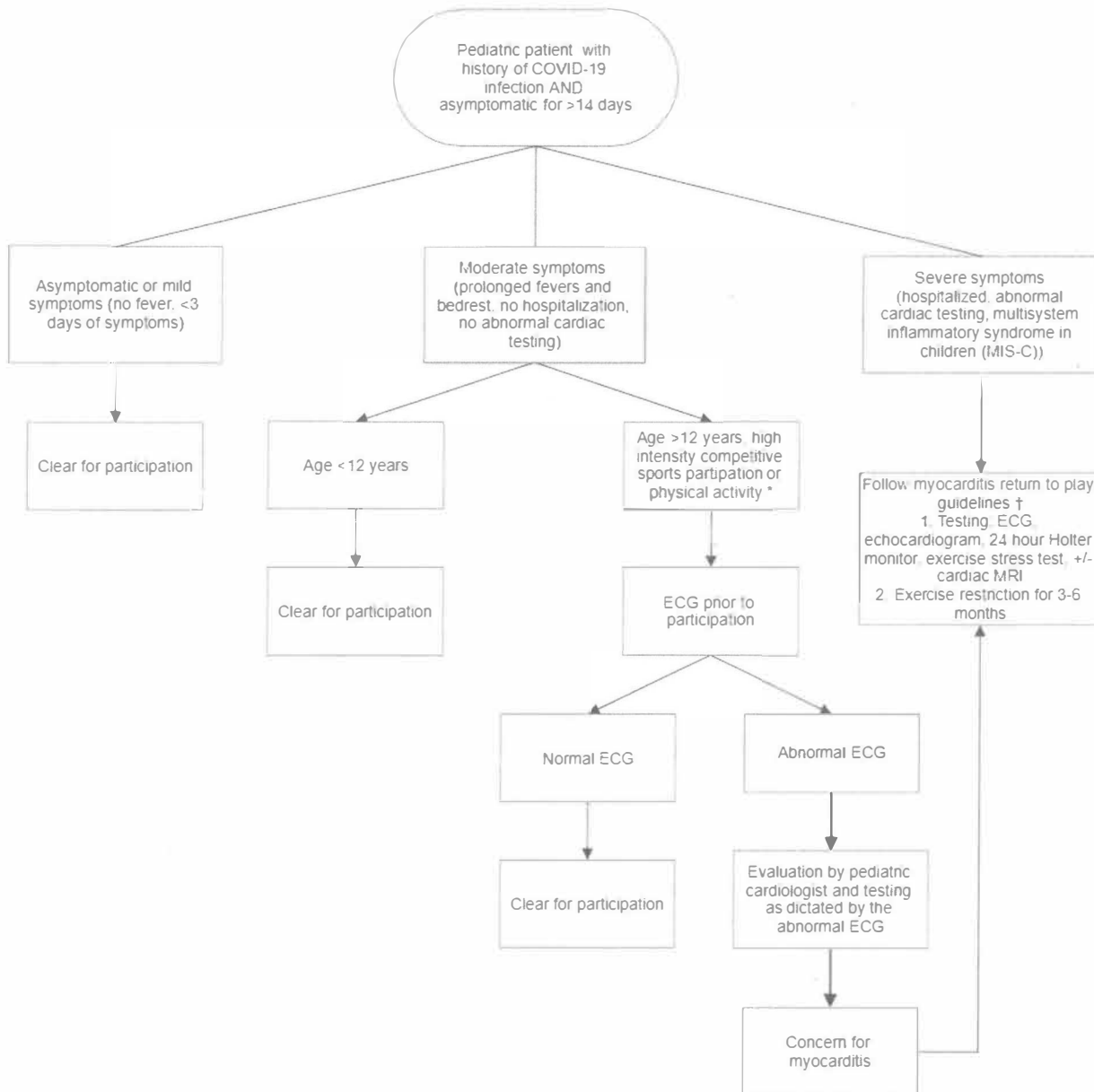
Return form to:

High School Health Office: Phone: 914-488-8697 Fax: 914-432-8218 jmccann@briarcliffschools.org

Middle School Health Office: Phone: 914-488-8297 Fax: 914-432-8209 ljagielski@briarcliffschools.org

Todd Health Office: Phone: 914-432-8002 Fax: 432-8221 ARicci-Cohen@briarcliffschools.org

Return to Play After COVID-19 Infection in Pediatric Patients



<https://www.acc.org/latest-in-cardiology/articles/2020/07/13/13/37/returning-to-play-after-coronavirus-infection>