St. Paul Catholic High School

Medical Authorization Form

Participation Clearance Following a COVID-19 Infection

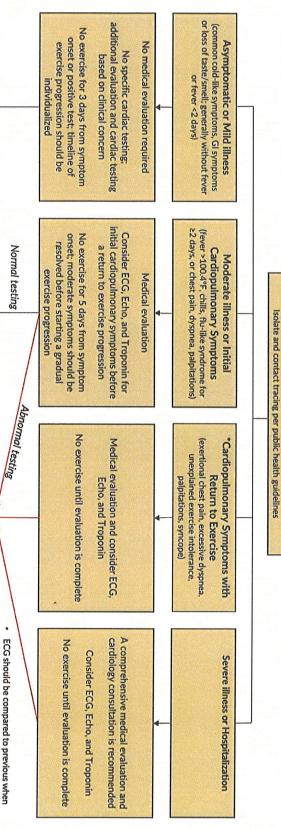
| Based upon a physical examination | | is recommended for one of |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| options listed below. | | |
| (health care provider name, printed) | (health care provider signature) | //(date) |
| · · · · · · · · · · · · · · · · · · · | | |
| Health Care Provider Authorization / ha | iving been COVID positive the stude | nt athlete was: |
| - Date of Positive COVID Test: | | |
| - Moderately Symptomatic So | evere Symptoms | |
| - I have performed an assessment of the and recommend the following return | | AMSSM guidance (see reverse side |
| 1.) Limited return to athletics – protocols at the following stages: | the athlete may *immediately begin | n the gradual return to play |
| Stage 1: Day 1 and Day 2 - (2 Days Minbike), intensity no greater than 70% of maximum of the stage 2: Day 3 - (1 Day Minimum) - 30 intensity no greater than 80% of maximum Stage 3: Day 4 - (1 Day Minimum) - 45 than 80% maximum heart rate. May add Stage 4: Day 5 and Day 6 - (2 Days Min 80% maximum heart rate. Stage 5: Day 7 - Return to full activity/p | maximum heart rate. NO resistance trominutes or less: Add simple movem um heart rate. minutes or less: Progress to more continued in the cont | raining. nent activities (eg. running drills) - omplex training - intensity no greater g activity - intensity no greater than |
| 2.) Other recommendations / fur | ther medical guidance before a ret | curn to play. |
| Parent/Legal Guardian Authorization | | |
| I attest that | | the competitive |
| (pa | arent/guardian signature) | (date) |



Cardiopulmonary Considerations for High School Student-Athletes during the COVID-19 Pandemic

Confirmed New Infection





Return to Play

Monitor for new cardiopulmonary symptoms (e.g., chest pain) with exercise* Athlete should feel well with all levels of training and exercise

consider Cardiac MRI before a return to exercise progression Cardiology consultation and

- available ECG should be compared to previous when
- Troponin testing (hs-cTnl or cTnl) should be performed after 48 hours without exercise Confirmed myocarditis, pulmonary embolism, or other cardiopulmonary disorder should be managed per medical guidelines