



# 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

DATE OF EVALUATION: \_\_\_\_/\_\_\_\_/\_\_\_\_

### CRITERIA TO RETURN (Please Check Below as Applies)

- Athlete was not hospitalized due to COVID-19 infection **AND**
- If asymptomatic, at least 10 days have passed since date of positive test **OR**
- If mild or moderate symptoms, at least 10 days have passed since date of positive test and a minimum of 24 hours symptom free off-fever reducing medications **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). Primary care physician (PCP) visit recommended with review of the local 14-point preparticipation screening evaluation with special emphasis on cardiac symptoms including **chest pain, shortness of breath out of proportion for upper respiratory tract infection, new-onset palpitations, or syncope** and performance of 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 ECG 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: \_\_\_\_\_