



BETHLEHEM CENTRAL SCHOOL DISTRICT

K-12 NON-ATHLETE COVID-19 RETURN TO PHYSICAL ACTIVITY FORM

If a student has tested positive for COVID-19, they must be cleared for a return to physical activity by an approved health care provider (MD/DO/PAC/ARNP).

STUDENT NAME _____ DOB _____ DATE OF POSITIVE COVID TEST _____

THIS RETURN TO PHYSICAL ACTIVITY IS BASED ON TODAY'S EVALUATION

DATE OF EVALUATION _____

- Asymptomatic for 14 days or more
- Fever for less than four (4) days during COVID-19 illness
- Student was not hospitalized due to COVID-19 infection
- Negative cardiac screen
 - Chest pain with exertion Yes No
 - Syncope/near syncope Yes No
 - Shortness of breath/fatigue Yes No
 - Palpitations Yes No

NOTE: If any cardiac screening question is positive or if athlete was hospitalized, consider further workup as indicated. May include CXR, Spirometry, PFTs, Chest CT, Cardiology Consult.

- Student HAS satisfied the above criteria and IS cleared to start the return to physical activity
- Student HAS NOT satisfied the above criteria and IS NOT cleared to return to physical activity

MEDICAL OFFICE INFORMATION (PLEASE PRINT/STAMP)

EVALUATOR NAME _____ OFFICE PHONE _____

EVALUATOR ADDRESS _____

EVALUATOR SIGNATURE _____