

UIL COVID-19 ATHLETIC CLEARANCE FORM

Per the University Interscholastic League, if an athlete has tested positive for COVID-19, he/she must be cleared for progression back to activity by an approved health care professional (MD / DO / APRN / PAC)

<https://www.uil-texas.org/policy/2021-22-policy-info/2021-2022-uil-risk-mitigation-guidelines>

Student-Athlete Name: _____ Grade: _____ DOB: _____

Date of Positive Test: _____ Date of Symptom Onset: _____

Date of Symptom Resolution: _____

RETURN TO PLAY IS BASED ON TODAY'S EVALUATION

Criteria to return to activity (All 3 must be met):

- At least 10 days have passed since the onset of symptoms or the asymptomatic test date
- Student has gone one day (24 hours) fever free, without use of fever-reducing medication
- Student has had improvement of symptoms

CARDIAC SCREENING QUESTIONNAIRE BELOW:

Chest pain/tightness with exercise	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Unexplained syncope/near syncope	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Unexplained/excessive dyspnea with exertion	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Unexplained/excessive fatigue with exertion	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
New palpitations	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
New heart murmur on exam	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

NOTE TO PHYSICIAN: If any of the above cardiac screening questionnaire answers are "YES" or if the participant was hospitalized, it is highly recommended a further workup be done which may include Chest X-ray, EKG/ECHO, Pulmonary Function Tests, Troponin, or Cardiology Consult

Athlete **HAS** satisfied the above criteria and **IS** cleared to return to activities

Athlete **HAS NOT** satisfied the above criteria and **IS NOT** cleared to return to activities

Date of Evaluation: _____

Health Care Provider's Name: _____

Health Care Providers Address: _____

Office Phone: _____

Health Care Providers Signature: _____

