MINNESOTA STATE HIGH SCHOOL LEAGUE

MSHSL Student-Athlete Medical Eligibility – Post COVID-19 Return to Sport Protocol

If an athlete has been diagnosed with or has tested positive for COVID-19, medical evaluation by a qualified medical provider (MD/DO/PAC/ARNP) is highly recommended prior to returning to physical activity and team training. From onset of illness or positive test through the return protocol, the recovery and return process requires a minimum of 17-days for an uncomplicated COVID-19 infection—10 days as required by MDH and the recommended 7-days for the Graduated Return to Sport Protocol. Complicated infections may require several more days or even months.

The following Post COVID-19 Return to Sport form has been provided to assist school administrators and parents in safely returning students to participation.

Student-Athlete Name: _____ DOB: _____/_____/_____

Sport: _____

Date of Positive Test: ____/____/202___

Date of symptom onset: ____/____/202___

ASSISTING PARENTS IN DETERMINING A COURSE OF ACTION

HOW ILL WAS YOUR STUDENT?

- ❒ Positive test with ❑ No symptoms (asymptomatic)
- ❒ Mild symptoms
- ❒ Moderate symptoms (fever >72 hours, shortness of breath, exercise intolerance, chest tightness, dizziness, fainting, palpitations, or total symptom duration >10 days (except loss of taste or smell)
- ❒ Severe symptoms (high fever, fainting, need for oxygen, hospitalization)
- ❒ If your student-athlete has continued symptoms, do not return to activity and consider seeing a physician if the symptoms get worse.

ASYMPTOMATIC OR MILD CASE

- ❒ It is highly recommended the student see a physician prior to returning to sport participation (Use attached Physician Clearance Form below if seeing a physician.)
- ❒ Participation may begin at least 10 days since positive test or onset of symptoms with no symptoms or fever (without fever reducing medications for at least 24 hours)
  - Loss of taste/smell may take longer to go away and should not limit activity.
- ❒ The parent/guardian may determine if a student will see a physician prior to returning to sport participation. The student must be able to answer NO to all screening questions below.

❒ **Symptom screening check list**

• Chest pain/tightness at rest	YES ❑	NO ❑
• Chest pain/tightness with activities of daily living?	YES ❑	NO ❑
• Chest pain/tightness with exertion?	YES ❑	NO ❑
• Unexplained passing out (syncope) or nearly passing out?	YES ❑	NO ❑
• Unexplained/excessive shortness of breath or fatigue with exertion?	YES ❑	NO ❑
• Skipped heart beats or racing heart with activity?	YES ❑	NO ❑
• Significant ongoing fatigue	YES ❑	NO ❑
• Persistent or recurrent fever/chills	YES ❑	NO ❑
• Shortness of breath	YES ❑	NO ❑

- Dizziness with physical activity YES ❑ NO ❑
- Persistent or recurrent vomiting YES ❑ NO ❑

❒ If YES to any question above a physician evaluation for medical eligibility is required.
❒ If all answers are NO, follow the 7-day Graduated Return to Sport Protocol (included below)
- If any of the above symptoms occur during the return to sport protocol or at any time during participation stop immediately and call a physician.

❒ **Physician evaluation for medical clearance received** YES ❑ NO ❑
If NO, requires the Parent Acknowledgment below.
❒ **Asymptomatic / Mild Illness – Parent Acknowledgment**

Asymptomatic or Mild Illness – Parent Acknowledgment
I do not know of any existing physical or additional health reason that would preclude returning my student to participation in sports. I certify the answers to the above questions are true and accurate. I have answered NO to all of the health concerns identified and I approve participation in strenuous sport activities.

Parent or Legal Guardian Signature Date

MODERATE ILLNESS

❒ It is highly recommended the student see a physician prior to returning to sport participation (Use attached form clearance form if seeing a physician.)
❒ Participation may begin at least 10 days since positive test or onset of symptoms with no symptoms or fever (without fever reducing medications for at least 24 hours)
- Loss of taste/smell may take longer to go away and should not limit activity.

❒ The parent/guardian may determine if a student will see a physician prior to returning to sport participation. The student must be able to answer NO to all screening questions below to return to participation.

❒ **Symptom screening check list**
- Chest pain/tightness at rest YES ❑ NO ❑
- Chest pain/tightness with activities of daily living? YES ❑ NO ❑
- Chest pain/tightness with exertion? YES ❑ NO ❑
- Unexplained passing out or nearly passing out? YES ❑ NO ❑
- Unexplained/excessive shortness of breath or fatigue with exertion? YES ❑ NO ❑
- Skipped heart beats or racing heart with activity? YES ❑ NO ❑
- Significant ongoing fatigue YES ❑ NO ❑
- Persistent or recurrent fever/chills YES ❑ NO ❑
- Shortness of breath YES ❑ NO ❑
- Dizziness with physical activity YES ❑ NO ❑
- Persistent or recurrent vomiting YES ❑ NO ❑

❒ If YES to any question above a physician evaluation for medical eligibility is required.
❒ If all answers are no, follow the 7-day Graduated Return to Sport Protocol (included below)
- Stop and call a physician if any of the above symptoms occur during the return to sport 7-day protocol.

❒ **Physician evaluation for medical eligibility received** YES ❑ NO ❑
If NO, the Parent Acknowledgment below is required.

Moderate Illness – Parent Acknowledgment
I do not know of any existing physical or additional health reason that would preclude returning my student to participation in sports. I certify the answers to the above questions are true and accurate. I have answered NO to all

of the health concerns identified and I approve participation in strenuous sport activities.

Parent or Legal Guardian Signature

Date

SEVERE ILLNESS—REQUIRES PHYSICIAN CLEARANCE (utilize physician clearance form below)

- ❒ Student is **required** to see a physician prior to returning to sport participation.
  - Do not participate in sports until cardiac evaluation has been performed.
  - Timing of Graduated Return to Sport to be determined by a physician.
  - A return to activity note attesting to full medical eligibility signed by a physician is required for severe COVID-19 illness. (Bylaw 107.2.)

Graduated Return to Sport 7-Day Protocol

In all cases it is highly recommended that this 7-day protocol be followed when returning from a positive COVID-19 illness. School administration may require this protocol for their students.

Starting on day 11 after COVID-19 positive result, follow these Graduated Return to Sport Steps:
(The amount, type, and intensity of activity should be gradually increased **over at least 7 days.**)

The following 7-day return protocol is not proven but is based on the best evidence currently available to provide a gradual increase in cardiac load during return to physical activity. Some athletes may require a longer time at each stage and if unable to progress, may require additional medical evaluation.

- **Stage 1**: (2 Days Minimum) Light Activity (Walking, Jogging, Stationary Bike) for 15 minutes or less at intensity no greater than 70% of maximum heart rate. NO resistance training.
- **Stage 2**: (1 Day Minimum) Add simple movement activities (running activities) for 30 minutes or less at intensity no greater than 80% of maximum heart rate
- **Stage 3**: (1 Day Minimum) Progress to more complex training for 45 minutes or less at intensity no greater than 80% maximum heart rate. May add light resistance training.
- **Stage 4**: (2 Days Minimum) Normal Training Activity for 60 minutes or less at intensity no greater than 80% maximum heart rate
- **Stage 5**: (1 Day Minimum) Return to Full Training Sessions without restrictions or limitations on intensity or duration.
- **Stage 6**: Medically ready for Full Participation in ALL Sports Activities (Minimum duration 7-days)

If any symptoms noted below occur during activity, STOP exercising and contact your physician for an evaluation:
- Feeling like passing out or nearly passing out DURING or AFTER exercise
- Any discomfort, pain, tightness, or pressure in chest during exercise
- Feeling like your heart is racing or skipping beats (irregular beats) during exercise
- Feeling more lightheaded or dizzy than expected during exercise
- Becoming more tired or becoming short of breath more quickly than expected during exercise
- Swelling, vomiting, severe fatigue (more than expected), or fever

Updated 8/17/2021

MINNESOTA STATE HIGH SCHOOL LEAGUE

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PHYSICIAN CLEARANCE FORM

(THIS PAGE TO REMAIN IN THE MEDICAL RECORD AND DOES NOT GO TO THE SCHOOL)

If an athlete has been diagnosed with or has tested positive for COVID-19, medical evaluation by a qualified medical provider (MD/DO/PAC/ARNP) is highly recommended prior to returning to physical activity and team training. From onset of illness or positive test through the return protocol the recovery and return process requires a minimum of 10-days for an uncomplicated COVID-19 infection plus the 7-day highly recommended Graduated Return to Sport 7-Day Return Protocol for a total of 17 days. Complicated infections may require 6 months or more.

Student-Athlete Name: _____ DOB: _____/_____/_____

Sport: _____

Brief COVID-19 History

Date of Evaluation: ____/____/202___

Date of symptom onset: ____/____/202___

Date of Positive Test: ____/____/202___

Positive test with ❑ No symptoms ❑ Mild symptoms ❑ Moderate symptoms (fever >72 hours, dyspnea, exercise intolerance, chest tightness, dizziness, syncope, palpitations, or total symptom duration >10 days (except loss of taste or smell) ❑ Severe symptoms (syncope, need for oxygen, hospitalization)

Treated at ❑ home (mild to moderate) ❑ hospital (moderate to severe) ❑ ICU or ❑ intubated (severe)

Criteria to Return (Please check EACH box below that applies to the athlete and if not meeting criteria schedule a return visit or additional evaluation for the athlete)

❑ At least 10 days since positive test or onset of symptoms with no symptoms or fever (without fever reducing medications for at least 24 hours)

❑ Able to tolerate activities of daily living without cough, shortness of breath, or fatigue

❑ Negative cardiac screen (All answers below must be no)

❒	Chest pain/tightness at rest	YES ❑	NO ❑
❒	Chest pain/tightness with activities of daily living?	YES ❑	NO ❑
❒	Chest pain/tightness with exertion?	YES ❑	NO ❑
❒	Unexplained passing out or nearly passing out?	YES ❑	NO ❑
❒	Unexplained/excessive shortness of breath or fatigue with exertion?	YES ❑	NO ❑
❒	Skipped heart beats or racing heart with activity?	YES ❑	NO ❑
❒	Significant ongoing fatigue	YES ❑	NO ❑
❒	Persistent or recurrent fever/chills	YES ❑	NO ❑
❒	Shortness of breath	YES ❑	NO ❑
❒	Dizziness with physical activity	YES ❑	NO ❑
❒	Persistent or recurrent vomiting	YES ❑	NO ❑

NOTE: If a student-athlete had moderate to severe symptoms, was hospitalized, or has positive responses to any cardiac screening question or a new heart murmur, cardiac evaluation is recommended before returning to physical activity.

Updated 8/17/2021

See return algorithms below from Kim et al; JAMA Cardiology for cardiac evaluation that may include ECG, cardiac enzymes, CXR, spirometry, PFTs, echocardiogram, chest CT, Cardiac MR, and/or cardiology consult. The primary concern is CV19-induced myocarditis with scarring that may predispose to arrhythmia and sudden cardiac arrest.

Please report any athletes with myocarditis to MDH at 651.201.5414.

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PHYSICIAN CLEARANCE FORM

(THIS PAGE SHOULD BE GIVEN TO THE ATHLETE TO BRING TO THE SCHOOL)

Student-Athlete Name: _____ DOB: ____/_____/_____

❑ Athlete is Medically Eligible to begin the return to activity progression on: _____/_____/_____

Medical Office Information (Please Print/Stamp):

Evaluator's Name: _____Office Phone: _____

Evaluator's Address: _____

Evaluator's Signature: _____