



Montgomery Township School District, NJ
Health Services (609) 466-7602 ext. 6514 or 6515

Covid-19 Return to Play Guidance

Patient Name: _____ D.O.B: _____

In order to return to sports after infection with Covid-19, per the American Academy of Pediatrics, students must wait at least 5 days from their first day of symptoms and be fever free with symptoms improving for more than 24 hours. In addition, student athletes must have a physical exam performed AFTER their symptoms have improved, with focus on the cardiac exam.

Please check only one:

- This patient MAY NOT return to sports. They had severe disease (4 days or more of fever, chills, muscle aches or were hospitalized). They will need to see a cardiologist for further clearance.
This patient MAY return to sports. They are 5 days from their 1st day of symptoms (or positive test if asymptomatic), fever free and their symptoms have improved. They have been evaluated by me after resolution of their Covid illness, during which they had either no symptoms or only mild/moderate symptoms (3 days or less of fever, muscle aches, chills) and they were not hospitalized. They have a normal cardiac exam, and are cleared to return to sports after completing a graduated return to play (the graduated return to play can be omitted if it has been over two weeks since they have been cleared from being contagious from Covid-19 and if the student reports that they have been exercising on their own without any shortness of breath, exercise intolerance or other cardiac symptoms). A face mask should be worn for ALL physical activity, including games or scrimmages, until 10 full days from positive test or symptom onset have passed.

Please check one:

- Asymptomatic/mild symptoms: Minimum 1 day symptom free (excluding loss of taste/smell), 2 days of increase in physical activity, no games before day 3.
Moderate symptoms: Minimum 1 day symptom free (excluding loss of taste/smell), and a minimum of 4 days of gradual increase in physical activity, no games before day 5.

Provider Signature Date _____

Office Stamp

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