



PASCO COUNTY SCHOOL – COVID-19 Return to Participation Form

This form is to be completed by an appropriate on campus health care provider (Certified Athletic Trainer, school nurse if AT is not present)

Athlete Name: _____ DOB: ____ / ____ / ____ Positive Test Date ____ / ____ / ____

Sport: _____ School: _____ Level(Varsity/JV): _____

I (treating physician) certify that the above listed athlete has been evaluated due to positive Covid-19 diagnosis and currently is/has:

(All boxes must be checked before proceeding)

- 10 days of quarantine
 Asymptomatic
 24 hours fever free without the use of fever reducing medicine

The athlete named above is cleared to begin a graded return to play protocol (outline below) under the supervision of a certified athletic trainer, or other health care professional that is available on campus as of the date indicated below. If the athlete experiences a return of any COVID-19 symptoms while attempting a graded return to play, the athlete is instructed to stop play immediately and notify a parent, certified athletic trainer or coach.

By signing below, I certify that I am a medical provider or physician familiar with the most current COVID-19 information. This form will be used to guide return to play progression (page 1) and return to competition.

Provider Name: _____ Signature/Degree: _____

Provider Phone: _____ Fax: _____ Today's Date: _____

Graded Return To Play

Each stage should take a minimum of 24 hours. Student-athletes who begin to experience symptoms during a stage should immediately rest until symptoms resolve and may reattempt the stage the following day.

	Activity Description	Functional Exercise	% HR Max	Duration	Date	AT Initials
Stage 1	Light Activity	Light Aerobic activity, no resistance training.	<70%	<15 minutes		
Stage 2a	Frequency Increases	Simple agility drills	<80%	<30 minutes		
Stage 2b	Duration Increases	More complex sport specific dills	<80%	<45 minutes		
Stage 3	Increase Intensity	Normal non-contact activities	<80%	<60 minutes		
Stage 4	Resume Normal Training Progression	Normal training, no competition	Normal progressions	Normal Progressions		
Stage 5	Return to competition	Return to competition/full contact	Normal progressions	Normal Progressions		

I attest the above named athlete has completed the graded return to play protocol as dated above

Athletic Trainer Name: _____ AT License Number: _____ Phone: _____

Athletic Trainer Signature: _____ Date ____ / ____ / ____