

Name:	Before your son/daughter can return to his/her sport/
Sport/Activity:	UIL activity after testing positive for COVID-19 he/she must receive a clearance from a physician:
Date of Positive Test:	must receive a creatance from a physician.
Isolation End Date:	Physician Clearance:
Symptom Onset Date	
COVID -19 Signs and Symptoms: (check all that apply)	After your evaluation please select the appropriate blank:
☐ Feeling feverish or temperature 100 or higher ☐ Lost of taste or smell ☐ Cough ☐ Difficulty Breathing ☐ Shortness of Breath	A Student is cleared to return to Full Athletic Participation/UIL Activity without any restrictions.
☐ Fatigue ☐ Headache ☐ Chills ☐ Sore Throat ☐ Congestion or Runny Nose	B Student is cleared to begin the required Return-to-Play Protocol provided by the physician. The Return-to-Play Protocol must be attached.
☐ Shaking or Exaggerated Shivering ☐ Significant Muscle Pain or Ache ☐ Diarrhea ☐ Nausea or Vomiting	C Student is not cleared. Student must return to my office on for further evaluation. AND / OR Student is being referred to a cardiologist for further evaluation:
Fort Bend ISD Guidelines:	
Any individuals who themselves are test-confirmed to have COVID-19; must stay at home and cannot return to campus until they meet <u>ALL</u> of the following requirements:	**Mask wearing is strongly encouraged upon return.
1. At least 5 days since symptoms first appeared	
2. Minimum of one day (24 hours) have passed with no fever (without the use of fever-reducing medication)	
3. Other symptoms (cough, shortness of breath, etc.) that could be COVID-19 are improving	
University of Interscholastic League:	Physician's Signature Date
Return to Sports Criteria	Please place Physician Stamp Here:
A student who has been diagnosed with COVID-19	
must receive clearance from a physician prior to	
returning to participation in UIL marching band	
or athletic activities.	

UPDATED: 1/5/2022