

Name: _____

Sport/Activity: _____

Date of Positive Test: _____

Isolation End Date: _____

Symptom Onset Date _____

COVID -19 Signs and Symptoms: (check all that apply)

- Feeling feverish or temperature 100 or higher
- Lost of taste or smell
- Cough
- Difficulty Breathing
- Shortness of Breath
- Fatigue
- Headache
- Chills
- Sore Throat
- Congestion or Runny Nose
- Shaking or Exaggerated Shivering
- Significant Muscle Pain or Ache
- Diarrhea
- Nausea or Vomiting

University of Interscholastic League:

Return to Sport Criteria

Any individuals who themselves are test-confirmed to have COVID-19; must stay at home throughout the infection period, and cannot return to campus until they meet **ALL** of the following requirements:

1. At least 10 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

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.

Before your son/daughter can return to his/her sport/UIL activity after testing positive for COVID-19 he/she must receive a clearance from a physician:

Physician Clearance:

After your evaluation please select the appropriate blank:

A. _____ Student is cleared to return to Full Athletic Participation/UIL Activity without any restrictions.

B. _____ Student is cleared to begin the required Return-to-Play Protocol provided by the physician. The Return-to-Play Protocol must be attached.

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: _____

Physician's Signature

Date

Please place Physician Stamp Here: