

WARWICK VALLEY CENTRAL SCHOOL DISTRICT

Dear Physician:

As per the American Academy of Pediatrics (AAP) and The American College of Cardiology (ACC), all student athletes who have had COVID-19 need to be screened prior to interscholastic sports participation.

According to ACC guidelines, screening starts with the primary care physician. Please see attached *Return to Play After COVID-19 Infections in Pediatric Patients* algorithm from the ACC on the back of this letter.

Using the ACC algorithm, and based on your patient's reported COVID-19 symptoms, please check the appropriate level of severity of symptoms/illness.

Student's Name _____ (DOB) _____:

_____ COVID-19 infection was asymptomatic, requiring no further evaluation for sports participation

_____ COVID-19 infection was mildly symptomatic, requiring no further evaluation for sports participation

_____ COVID-19 infection was moderate/severe, requiring further cardiovascular clearance for sports participation

The above named student:

_____ Has been evaluated by me and in my opinion has no COVID-19- related cardiovascular contraindications to full participation in interscholastic sports.

_____ Has been evaluated by me and requires additional cardiovascular clearance by a pediatric cardiologist.

(Physician's signature)

(Date)

(Print physician's name)

Stamp:

Phone number: _____

Return to Play After COVID-19 Infection in Pediatric Patients

