



**Warwick Valley Central School District**  
**COVID Cardiac Clearance**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Date of the most recent COVID infection: \_\_\_\_\_

1. During your child's COVID-19 infection, were they hospitalized?	No	Yes
2. Did your child have fever that lasted five (5) or more days? <i>A fever is defined as 100.4°F or higher</i>	No	Yes
3. Was your child diagnosed with COVID-19 related pneumonia?	No	Yes
4. Has your child experienced any respiratory (breathing) difficulties related to their COVID-19 diagnosis?	No	Yes
5. Since recovering from COVID-19 has your child had any difficulty resuming their regular activities?	No	Yes
6. If your child has resumed regular activity, are they experiencing any activity intolerance?	No	Yes

Please complete this form and email it to your child's building nurse.

High School:

Erin Granata RN: [egranata@wvcsd.org](mailto:egranata@wvcsd.org)

Jeanne Podeszwa RN: [jpodeszwa@wvcsd.org](mailto:jpodeszwa@wvcsd.org)

Middle School:

Michelle Manelis RN: [mmanelis@wvcsd.org](mailto:mmanelis@wvcsd.org)

If you have answered, "Yes" to any of the above questions, your child will be required to be evaluated by a healthcare provider and provide the school's health department with COVID cardiac clearance before they will be cleared to participate/resume interscholastic sports.

\_\_\_\_\_

Date \_\_\_\_\_

**Parent/Guardian Signature**

\_\_\_\_\_

**Parent/Guardian Name (printed)**

Revised 9/6/2022