MINNESOTA STATE HIGH SCHOOL LEAGUE

MSHSL Student-Athlete Medical Eligibility – Post COVID-19 Return to Sport Protocol

If an athlete has been diagnosed with or has tested positive for COVID-19, medical evaluation by a qualified medical provider (MD/DO/PAC/ARNP) is highly recommended prior to returning to physical activity and team training. From onset of illness or positive test through the return protocol, the recovery and return process requires a minimum of 17-days for an uncomplicated COVID-19 infection—10 days as required by MDH and the recommended 7-days for the Graduated Return to Sport Protocol. Complicated infections may require several more days or even months.

The following Post COVID-19 Return to Sport form has been provided to assist school administrators and parents in safely returning students to participation.

Student-Athlete Name: ____________________________________ DOB: _____/_____/______
Sport: ______________________________________________________

Date of Positive Test: _____/_____/202__
Date of symptom onset: _____/_____/202__

ASSISTING PARENTS IN DETERMINING A COURSE OF ACTION

HOW ILL WAS YOUR STUDENT?

☐ Positive test with ☐ No symptoms (asymptomatic)
☐ Mild symptoms
☐ Moderate symptoms (fever >72 hours, shortness of breath, exercise intolerance, chest tightness, dizziness, fainting, palpitations, or total symptom duration >10 days (except loss of taste or smell)
☐ Severe symptoms (high fever, fainting, need for oxygen, hospitalization)
☐ If your student-athlete has continued symptoms, do not return to activity and consider seeing a physician if the symptoms get worse.

ASYMPTOMATIC OR MILD CASE

☐ It is highly recommended the student see a physician prior to returning to sport participation (Use attached Physician Clearance Form below if seeing a physician.)
☐ Participation may begin at least 10 days since positive test or onset of symptoms with no symptoms or fever (without fever reducing medications for at least 24 hours)
  • Loss of taste/smell may take longer to go away and should not limit activity.
☐ The parent/guardian may determine if a student will see a physician prior to returning to sport participation. The student must be able to answer NO to all screening questions below.

☐ Symptom screening check list
  • Chest pain/tightness at rest
  • Chest pain/tightness with activities of daily living?
  • Chest pain/tightness with exertion?
  • Unexplained passing out (syncope) or nearly passing out?
  • Unexplained/excessive shortness of breath or fatigue with exertion?
  • Skipped heart beats or racing heart with activity?
  • Significant ongoing fatigue
  • Persistent or recurrent fever/chills
  • Shortness of breath

YES ☐ NO ☐
• Dizziness with physical activity  YES □  NO □
• Persistent or recurrent vomiting  YES □  NO □

☐ If YES to any question above a physician evaluation for medical eligibility is required.
☐ If all answers are NO, follow the 7-day Graduated Return to Sport Protocol (included below)
  • If any of the above symptoms occur during the return to sport protocol or at any time during participation stop immediately and call a physician.

☐ Physician evaluation for medical clearance received  YES □  NO □
  If NO, requires the Parent Acknowledgment below.

☐ Asymptomatic / Mild Illness – Parent Acknowledgment

Asymptomatic or Mild Illness – Parent Acknowledgment
I do not know of any existing physical or additional health reason that would preclude returning my student to participation in sports. I certify the answers to the above questions are true and accurate. I have answered NO to all of the health concerns identified and I approve participation in strenuous sport activities.

________________________________________________________________________
Parent or Legal Guardian Signature Date

MODERATE ILLNESS

☐ It is highly recommended the student see a physician prior to returning to sport participation (Use attached form clearance form if seeing a physician.)
☐ Participation may begin at least 10 days since positive test or onset of symptoms with no symptoms or fever (without fever reducing medications for at least 24 hours)
  • Loss of taste/smell may take longer to go away and should not limit activity.
☐ The parent/guardian may determine if a student will see a physician prior to returning to sport participation. The student must be able to answer NO to all screening questions below to return to participation.

☐ Symptom screening check list
  • Chest pain/tightness at rest  YES □  NO □
  • Chest pain/tightness with activities of daily living?  YES □  NO □
  • Chest pain/tightness with exertion?  YES □  NO □
  • Unexplained passing out or nearly passing out?  YES □  NO □
  • Unexplained/excessive shortness of breath or fatigue with exertion?  YES □  NO □
  • Skipped heart beats or racing heart with activity?  YES □  NO □
  • Significant ongoing fatigue  YES □  NO □
  • Persistent or recurrent fever/chills  YES □  NO □
  • Shortness of breath  YES □  NO □
  • Dizziness with physical activity  YES □  NO □
  • Persistent or recurrent vomiting  YES □  NO □

☐ If YES to any question above a physician evaluation for medical eligibility is required.
☐ If all answers are NO, follow the 7-day Graduated Return to Sport Protocol (included below)
  • Stop and call a physician if any of the above symptoms occur during the return to sport 7-day protocol.

☐ Physician evaluation for medical eligibility received  YES □  NO □
  If NO, the Parent Acknowledgment below is required.

Moderate Illness – Parent Acknowledgment
I do not know of any existing physical or additional health reason that would preclude returning my student to participation in sports. I certify the answers to the above questions are true and accurate. I have answered NO to all
of the health concerns identified and I approve participation in strenuous sport activities.

Parent or Legal Guardian Signature

Date
SEVERE ILLNESS—REQUIRES PHYSICIAN CLEARANCE (utilize physician clearance form below)

☐ Student is required to see a physician prior to returning to sport participation.  
  - Do not participate in sports until cardiac evaluation has been performed.  
  - Timing of Graduated Return to Sport to be determined by a physician.  
  - A return to activity note attesting to full medical eligibility signed by a physician is required for severe COVID-19 illness. (Bylaw 107.2.)

Graduated Return to Sport 7-Day Protocol

In all cases it is highly recommended that this 7-day protocol be followed when returning from a positive COVID-19 illness. School administration may require this protocol for their students.

Starting on day 11 after COVID-19 positive result, follow these Graduated Return to Sport Steps:  
(The amount, type, and intensity of activity should be gradually increased over at least 7 days.)

The following 7-day return protocol is not proven but is based on the best evidence currently available to provide a gradual increase in cardiac load during return to physical activity. Some athletes may require a longer time at each stage and if unable to progress, may require additional medical evaluation.

- **Stage 1**: (2 Days Minimum) Light Activity (Walking, Jogging, Stationary Bike) for 15 minutes or less at intensity no greater than 70% of maximum heart rate. NO resistance training.
- **Stage 2**: (1 Day Minimum) Add simple movement activities (running activities) for 30 minutes or less at intensity no greater than 80% of maximum heart rate
- **Stage 3**: (1 Day Minimum) Progress to more complex training for 45 minutes or less at intensity no greater than 80% maximum heart rate. May add light resistance training.
- **Stage 4**: (2 Days Minimum) Normal Training Activity for 60 minutes or less at intensity no greater than 80% maximum heart rate
- **Stage 5**: (1 Day Minimum) Return to Full Training Sessions without restrictions or limitations on intensity or duration.
- **Stage 6**: Medically ready for Full Participation in ALL Sports Activities (Minimum duration 7-days)

If any symptoms noted below occur during activity, STOP exercising and contact your physician for an evaluation:

- Feeling like passing out or nearly passing out DURING or AFTER exercise
- Any discomfort, pain, tightness, or pressure in chest during exercise
- Feeling like your heart is racing or skipping beats (irregular beats) during exercise
- Feeling more lightheaded or dizzy than expected during exercise
- Becoming more tired or becoming short of breath more quickly than expected during exercise
- Swelling, vomiting, severe fatigue (more than expected), or fever
If an athlete has been diagnosed with or has tested positive for COVID-19, medical evaluation by a qualified medical provider (MD/DO/PAC/ARNP) is highly recommended prior to returning to physical activity and team training. From onset of illness or positive test through the return protocol the recovery and return process requires a minimum of 10-days for an uncomplicated COVID-19 infection plus the 7-day highly recommended Graduated Return to Sport 7-Day Return Protocol for a total of 17 days. Complicated infections may require 6 months or more.

**Student-Athlete Name:** _____________________________________ **DOB:** _____/_____/_______

**Sport:** ____________________________________________________

**Brief COVID-19 History**

**Date of Evaluation:** ____/____/202___

**Date of symptom onset:** ____/____/202___

**Date of Positive Test:** ____/____/202___

Positive test with □ No symptoms □ Mild symptoms □ Moderate symptoms (fever >72 hours, dyspnea, exercise intolerance, chest tightness, dizziness, syncope, palpitations, or total symptom duration >10 days (except loss of taste or smell) □ Severe symptoms (syncope, need for oxygen, hospitalization)

Treated at □ home (mild to moderate) □ hospital (moderate to severe) □ ICU or □ intubated (severe)

**Criteria to Return** (Please check EACH box below that applies to the athlete and if not meeting criteria schedule a return visit or additional evaluation for the athlete)

□ At least 10 days since positive test or onset of symptoms with no symptoms or fever (without fever reducing medications for at least 24 hours)

□ Able to tolerate activities of daily living without cough, shortness of breath, or fatigue

□ Negative cardiac screen (All answers below must be no)

□ Chest pain/tightness at rest

□ Chest pain/tightness with activities of daily living?

□ Chest pain/tightness with exertion?

□ Unexplained passing out or nearly passing out?

□ Unexplained/excessive shortness of breath or fatigue with exertion?

□ Skipped heart beats or racing heart with activity?

□ Significant ongoing fatigue

□ Persistent or recurrent fever/chills

□ Shortness of breath

□ Dizziness with physical activity

□ Persistent or recurrent vomiting

**NOTE:** If a student-athlete had moderate to severe symptoms, was hospitalized, or has positive responses to any cardiac screening question or a new heart murmur, cardiac evaluation is recommended before returning to physical activity.
See return algorithms below from Kim et al; JAMA Cardiology for cardiac evaluation that may include ECG, cardiac enzymes, CXR, spirometry, PFTs, echocardiogram, chest CT, Cardiac MR, and/or cardiology consult. The primary concern is CV19-induced myocarditis with scarring that may predispose to arrhythmia and sudden cardiac arrest.

Please report any athletes with myocarditis to MDH at 651.201.5414.
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PHYSICIAN CLEARANCE FORM

(THESE SHOULD BE GIVEN TO THE ATHLETE TO BRING TO THE SCHOOL)

Student-Athlete Name: _______________________________ DOB: ___/___/____

☐ Athlete is Medically Eligible to begin the return to activity progression on: ___/___/____

Medical Office Information (Please Print/Stamp):

Evaluator’s Name: _______________________________ Office Phone: ___________________

Evaluator’s Address: ____________________________________________________________

Evaluator’s Signature: ___________________________________________________________