



**WESTERVILLE CITY SCHOOLS
COVID-19 MEDICAL EVALUATION AND AUTHORIZATION TO RETURN**

Dear Physician,

This athlete is recommended to have clearance from you or, if deemed necessary, the specialist to whom you have referred the athlete, before returning to participation after a COVID diagnosis.

This form shall serve as the authorization that you have examined the student in person and have performed a specific cardiac/heart risk evaluation or have referred the student for more definitive evaluation by a specialist. Please complete the following information and send it with the athlete with instructions to return it to their school's athletic trainer.

I, _____, M.D., D.O. or _____ (other qualified licensed medical provider) have examined the
(Print name of MD, DO or Other)

following student, _____ from _____ High School/Middle School.
(Name of Student)

I have examined this student and determined that the student is cleared to resume participation upon the completion of the directions provided below.

PLEASE INDICATE YOUR DIRECTIONS BELOW

___ Cleared for return to play with no restrictions following a ***graduated return to play progression***.

___ Not Cleared and Referred to a cardiologist or other specialist

___ Other (explain): _____

VALID ONLY WITH ALL INFORMATION COMPLETED

Signature of Medical Professional _____
(MD, DO or other qualified Licensed Medical Provider)

Date: _____

Contact Information: _____

(Print or Stamp) Address: _____

Phone: _____

Return to play is also subject to clarification of this document, as deemed necessary, by Licensed Athletic Trainer, other qualified licensed medical providers authorized by Board of Education or other governing body, or school district administration. Return to play decisions are also subject to recognized principles of conditioning, skill development, mental preparedness, etc.

Parent(s)/Guardian and student are reminded that they have a responsibility to report any further signs or symptoms of illness to coaches, athletic trainers, administrators, and the student-athlete's physician. Information regarding signs and symptoms are available from school district personnel or CDC website.

Note: The school must retain this form indefinitely as a part of the student's permanent record. Medical Providers should retain a copy for their own records.