

# Ramapo Indian Hills Regional High School District

Nursing Department

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## Post Covid Clearance

Name of Student/Athlete \_\_\_\_\_

Date of Positive Test or Onset of Symptoms \_\_\_\_\_

### Severity of Symptoms

(Please Choose)

**Mild**

Asymptomatic or mildly symptomatic (< 4 days of fever > 100.4°F, < 1 week of myalgia, chills and lethargy)

**Moderate**

> 4 days of fever > 100.4°F, > 1 week of myalgia, chills, lethargy, or a non-ICU hospital stay and no evidence of multisystem inflammatory syndrome. EKG & cardiology consult recommended.

**Severe**

(ICU stay and/or intubation) or multisystem inflammatory syndrome. It is recommended they be restricted from exercise for a minimum of 3 to 6 months and obtain cardiology clearance prior to resuming training or competition.

Student/Athlete:

Medically eligible for sports without restrictions

Not medically eligible for any sports, pending further evaluation

Physician Signature/Stamp

\_\_\_\_\_

Date: \_\_\_\_\_