Yarmouth Athletics

COVID-19 RETURN TO PLAY AUTHORIZATION

Following a positive COVID-19 diagnosis, a student-athlete is **required to fulfill their assigned quarantine period as directed by the school's nurse, receive written permission from a medical professional and also be symptom free** in order to resume athletic participation.

In addition, **the physician must identify which stage of the Return to Play Protocol (shown below) that the student will begin their return in.**

Once the stage is identified the student-athlete will follow the subsequent return to play progression as noted below **under the direct guidance of the Athletic Trainer and/or school nurse.** As each step is expected to take 24 hours to complete, the student can expect that it can take up to one (1) week to proceed through the full rehabilitation protocol once they are asymptomatic at rest and with provocative exercise. If any additional symptoms develop (ex. extreme shortness of breath, chest pain, syncope, irregular heart beat etc.) while in the stepped program, the athlete may possibly stay in or drop back to the previous stage and try to progress again after a further 24 hour period of rest has passed. The athlete may be referred back to their medical provider if symptoms persist.

NAME OF ATHLETE

_____

is authorized to resume athletic participation in the stage CHECKED, as of this date:_____

Check appropriate box below			
	STAGE 1	2 Days Min.	15 Minutes or Less Light activity (walking, jogging, stationary biking), intensity no greater than 70%of max heart rate. NO resistance training
	STAGE 2	1 Day Min.	30 Minutes or Less Add simple movement activities (eg. running drills) - intensity no greater than 80% of maximum heart rate
	STAGE 3	1 Day Min.	45 Minutes or Less Progress to more complex training - intensity no greater than 80% of maximum heart rate. May add light resistance training.
	STAGE 4	2 Days Min.	60 Minutes Normal training activity - intensity no than 80% maximum heart rate. (PRACTICE ONLY – NO COMPETITION

STAGE 5 Full Return to Activity / Participation (i.e. –

practices & competition)
No Restrictions (*must complete one practice before eligible for competition)

****Regular monitoring and check-ins between the athlete, coaches, and athletic trainer are required in each stage**

Physician / Medical Provider Signature:_____

Medical Practice Name: _____ Date:_____