

COVID-19 Return to Play Form

This form applies to athletes who have tested positive for COVID-19 and require official clearance for progression back to activity by an approved health care provider (MD/DO/PA/ARNP).

Athlete's Name: _____ **DOB:** _____ **Date of positive test:** _____

THIS RETURN TO PLAY IS BASED ON TODAY'S EVALUATION

Date of evaluation: _____

- Athlete IS cleared to return to play**
- Athlete IS NOT cleared to return to play**

Medical Office Information (please print/stamp)

Evaluator's Name: _____ **Office Phone:** _____

Evaluator's Address: _____

Evaluator's Signature: _____