

MEDICAL CLEARANCE FORM
For Sports Participation After Positive Test or Symptoms of Covid-19

Name of Student-Athlete _____ School _____

County of Student-Athlete Residence _____ County of School _____

Date of Initial Symptoms _____ Covid-19 Tested? Yes ___ No ___ Date _____

WHAT IF ATHLETE IS SICK OR EXPOSED

- Any student-athlete that has symptoms and/or fever should not participate in any activity (meetings, practice, competition) and begin self-quarantine immediately.
 - Ensure that student-athletes with a positive COVID test (even if no symptoms) do not return to participation in training or competition until:
 - At least 10 days have passed since positive test; AND
 - No fever (fever is temp of 100.4°F or more) without the use of fever-reducing medicine for at least 24 hours; AND
 - COVID symptoms (for example, cough, shortness of breath, etc.) have improved;
 - Athletes may not return earlier if negative follow-up testing (cannot test out of isolation).
 - Ensure that student-athletes with probable COVID (symptoms of COVID– refer to [symptom chart](#)– but not tested), not be allowed to participate in any training or event until:
 - At least 10 days have passed since onset of symptoms; AND
 - No fever (fever is temp of 100.4°F or more) without the use of fever-reducing medicine for at least 24 hours; AND
 - COVID symptoms (for example, cough, shortness of breath, etc.) have improved.
 - If a student tests negative, along with no fever without the use of fever-reducing medicine for the past 24 hours, they may allowed to return with a hard copy of the negative test.
- Any student-athlete that has “close contact” (teammate, household, classroom, work, girlfriend/boyfriend, friend – someone with over 15 minutes of exposure within 6 feet) should begin self-quarantine immediately.
 - If the student-athlete that was exposed previously had COVID (with a hard copy positive test) in the last 3 months, then there is no need to continue self-quarantine restrictions.
 - If the student-athlete that was exposed previously had “presumed” COVID (illness but not tested) in the last 3 months, then must continue with self-quarantine restrictions described below.
 - “Close contact” to an individual with a positive COVID test, student-athletes should not return until:
 - They have waited 14 days from last exposure to the infected person; AND
 1. This is a longer period of time than positive COVID test time due to the combination of exposure, virus incubation and elimination from the body. This is similar to influenza, which is why if influenza is caught early enough flu medications may be helpful, but if influenza caught too late in the course then flu medications are not helpful.
 - Have no fever without use of fever-reducing medications; AND
 - No COVID symptoms (for example, cough, shortness of breath, etc.)
 - Athletes may not return earlier if negative follow-up testing (cannot test out of quarantine).
 1. In rare instances where the infected positive exposure is a family member with prolonged illness, then discussion and medical clearance with health care providers can be individually obtained and reviewed.
 - “Close exposure” to an individual with probable COVID (symptoms but not tested), student-athletes should not return until:
 - They have waited 14 days from last exposure to the infected person; AND
 - Have no fever without the use of fever-reducing medications; AND
 - No COVID symptoms (for example, cough, shortness of breath, etc.)
 - If the individual with probable COVID is tested during the course of the quarantine:
 1. The test comes back negative, then all individuals quarantined based on that exposure are free to return to participation if no fever and no symptoms.
 2. The test comes back positive, then all individuals must follow the directions above (close contact).
- Athletes may decondition during their quarantine and may require additional time to get back to full speed.

I have examined this athlete and reviewed the WIAA guidelines for return to participation and provide medical clearance to return as defined by the above guidelines.

Provider Name _____ License # _____
(MD, DO, PA, NP or Health Department)

Office Address _____ Office Phone # _____

Provider Signature _____ Date of Exam _____