



NASHOBA

Regional School District

NRSD COVID Clearance Form

Name: _____

DOB: _____

Was diagnosed with COVID-19 Disease on _____

Symptom Category:

- Low risk symptoms, personal medical history, family medical history
- Moderate risk symptoms, personal medical history, family medical history
- High risk symptoms, personal medical history, family medical history

Clearance Status:

- Not cleared for return to activity/sports
- Cleared for full activity level on (date) _____
- All ages - Gradual return to play starting on (date) _____
 - 2 days of increase in physical activity (i.e. one light practice, one normal practice), no games before day 3.
 - A mask is required for ALL physical activity, including games or scrimmages, until 10 full days from + test or symptom onset have passed.

When should children and adolescents pause return to play? If patient develops any chest pain, SOB out of proportion to URI infection, new-onset palpitations, or syncope when returning to exercise, immediately stop and go to PCP for in-person exam.

Date _____

Authorized by _____