

RAMAPO INDIAN HILLS REGIONAL HIGH SCHOOL DISTRICT

Post COVID-19 Clearance Form

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 required.

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 extra-curricular activities competition without restrictions

Not medically eligible for extra-curricular activities competition, pending further evaluation

Physician Signature/Stamp _____

Date: _____