
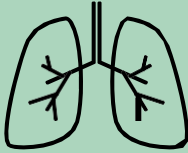






This guidance is aimed at athletes with mild to moderate symptoms of COVID-19. Athletes should follow their state, local government and pediatrician's guidelines for management of symptoms including isolation and testing processes.

It is strongly recommended that athletes who have more complicated infections (ie severe symptoms, underlying health conditions, family history, hospital intervention/support) have medical assessments done by their pediatrician before beginning the GRTP under medical supervision.

 <p>Blood Testing for markers of inflammation. Physician could consider renal & hematology monitoring.</p>	 <p>Respiratory & Cardiovascular function assessments (Spirometry, Treadmill test)</p>	 <p>Cardiac Monitoring (ECG, ECHO, ETT, Cardiac MRI)</p>
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The athlete must meet the following criteria to begin Stage 2:

 <p>10</p>	+	 <p>24</p>	+	 <p>24</p>
DAYS FROM (+) TEST DATE		HOURS SYMPTOM FREE		HOURS OFF ANY FEVER REDUCING MEDICATION

To be completed by physician only:


The athlete listed below meets all of the listed requirements.

YES **NO**

INITIAL: _____

Athlete Name: _____ DOB: _____

Date of Symptom Onset: _____ Date of (+) COVID Test: _____

	STAGE 1 Quarantine	STAGE 2	STAGE 3	STAGE 4	STAGE 5	STAGE 6
EXERCISE ALLOWED	WALKING & ACTIVITIES OF DAILY LIVING	WALKING JOGGING STATIONARY BIKE NO RES. TRAINING	SIMPLE MOVEMENT ACTIVITIES EG. RUNNING DRILLS	NORMAL TRAINING ACTIVITIES	NORMAL TRAINING PROGRESSIONS	RETURN TO NORMAL TRAINING & PARTICIPATION.
% OF HR MAX TARGET HR		<70%	<80%	<80%	<80%	NAME & CREDENTIALS OF RTP SUPERVISING MEDICAL PROFESSIONAL:
DURATION	10 DAY MINIMUM	2 DAY MINIMUM <15 MIN	1 DAY MINIMUM <30 MIN	1 DAY MINIMUM <45 MIN	2 DAY MINIMUM <60 MIN	
MONITOR	SUBJECTIVE SX RESTING HR	SUBJECTIVE SX RESTING HR, RPE	SUBJECTIVE SX RESTING HR, RPE	SUBJECTIVE SX RESTING HR, RPE	SUBJECTIVE SX RESTING HR, RPE, I-PPRS	
	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	

By signing below the supervising physician agrees that the student-athlete may begin a gradual return to full athletic play & participation.

Physician Name: _____

Physician Signature: _____ Date: _____