



# RETURN TO SCHOOL & ATHLETICS FORM

Current as of March 23, 2022

The student below is being released back to school, physical education, and athletics following an:

- ILLNESS (If absent 3 or more days, or at nurse's request)
- ILLNESS (COVID diagnosis)

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Date of Diagnosis: \_\_\_\_\_

Date Symptoms Resolved (If applicable): \_\_\_\_\_

### Criteria to Return Post Covid (Please check below as applies):

- 5 days have passed since symptoms first appeared and symptoms have resolved (No fever ( $\geq$  to 100.4 F) for 24 hours without fever reducing medication, improvement of symptoms, (cough, shortness of breath, etc.) OR was asymptomatic for 5 days following positive test.)
- Student was not hospitalized due to COVID-19 infection.
- Cardiac screen negative for myocarditis/myocardial ischemia (All answers below must be NO to participate in athletics)

Chest pain/tightness with exercise	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Unexplained syncope/near syncope	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Unexplained/excessive dyspnea/fatigue w/exertion	YES <input type="checkbox"/>	NO <input type="checkbox"/>
New palpitations	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Heart murmur on exam	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**NOTE:** If any cardiac screening question is positive or if student was hospitalized, consider further workup as indicated. May include CXR, Spirometry, PFTs, Chest CT, Cardiology Consult.

I release the above-named student to return to **school** on \_\_\_\_\_ (MM/DD/YYYY).

I release the above-named student to return to **athletics** on \_\_\_\_\_ (MM/DD/YYYY).

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Please Print Office Address

**Medical Office Stamp**



# RETURN TO SCHOOL FORM (Continued)

**Parent/Legal Custodian Consent:**

- I am aware that Dwight Englewood REQUIRES that students that are absent more than 3 days due to illness or injury, must provide a medical release from a Licensed Physician, MD of Osteopathic Medicine, Licensed Physician Assistant, or Licensed Nurse Practitioner before returning to school.
- I acknowledge that the Licensed Health Care Provider listed above has provided medical care to my child.

By signing below, I hereby give my consent for my child to return to school following an illness/injury.

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Signature of Parent/Legal Custodian

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Date

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Please print name and relationship to student