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)
$^{\square}$ 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: