



## Return to sports/activities/gym Post Covid-19 Diagnosis Revised 10/5/21

As recommended by the American Academy of Pediatrics, any student, regardless of Covid-19 vaccination status, who has tested positive for Covid-19 and recovered, must be cleared by their primary care physician (*preferred*) or *treating physician* prior to returning to all sports, activities and gym.

<https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-interim-guidance-return-to-sports/>

(Evaluation for Resumption of Physical Activity/Sports Activity for Child/ Adolescent With COVID-19, Paragraphs 31-35)

**\*\*\*THIS DOES NOT NEED TO BE FILLED OUT TO RETURN TO SCHOOL. BUT MUST BE FILLED OUT TO RETURN TO SPORTS/GYM/RECESS \*\*\***

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

I certify that the above named student is medically cleared to participate in sports and exercise activities in school without restrictions.

Physician Print Name: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_