

Ridgefield High School

Athletics Department ~ Director Dane M. Street, CAA POST-COVID-19 Return-to-Play Form

Athlete Name: _____ Grade: _____

Parent Name: _____ Phone: _____

Current Sport: _____

TO BE COMPLETED BY PHYSICIAN:

Diagnosis: _____

Date of first symptoms: _____ Date of positive COVID test: _____

Physician, please indicate which of these applies to this student-athlete:

- The above named student has completed a return-to-play process under my direction following AAP protocol and can return immediately to full participation in athletics <https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-interim-guidance-return-to-sports/>
- The above named student is cleared to begin the post COVID-19 Return-to-play protocol as outlined below.

Physician Signature: _____ Date: _____

TO BE COMPLETED BY ATHLETIC TRAINER:

Athlete is Asymptomatic and able to begin RHS RTP: _____

_____ **Stage 1: Day 1 & Day 2 (2 Days Minimum) - 15 minutes or less:** Light activity (walking, jogging, stationary bike), intensity no greater than 70% of maximum heart rate. NO resistance training.

_____ **Stage 2: Day 3 (1 Day Minimum) - 30 minutes or less:** Add simple movement activities (eg. running drills) - intensity no greater than 80% maximum heart rate.

_____ **Stage 3: Day 4 (1 Day Minimum) - 45 minutes or less:** Progress to more complex training - intensity no greater than 80% of maximum heart rate. May add light resistance training.

_____ **Stage 4: Day 5 - 60 minutes:** Normal training/return to team. Intensity no greater than 80% maximum heart rate.

_____ **Stage 5: Day 6- Return to full activity/participation (i.e. Contests/competition)**

Return this form to Scott Glucksman, RHS Athletic Trainer: sglucksman@ridgefieldps.net

*Note: RPS Return-to-play protocol is adapted from CIAC/DPH COVID-19 Guidance

