



Health Services Department
975 North D Street
Stockton, CA 95206
(209) 933-7060
FAX (209) 933-6520

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Referral for Sports Medical Clearance after Positive COVID-19 Testing

Dear SUSD Parent or Guardian:

You are receiving this letter because your child tested positive for COVID-19. The American Academy of Pediatrics and the California Interscholastic Federation recommend that athletes who test COVID-19 positive obtain a medical clearance prior to returning to sports participation.

Individuals who test positive for COVID-19 will need to consult with their medical provider prior to returning to sports practice and competition. Your medical provider may implement additional modifications, testing, and/or strategies prior to your child resuming sports.

\*\*Once this form has been signed by your physician, please upload it to FAMILY ID.

To be completed by physician/medical provider:

This patient has experienced:

MILD COVID-19 Symptoms or Asymptomatic: no symptoms, less than 4 days of fever over 100.4F, less than one week of muscle aches, chills, and/or lethargy.

MODERATE COVID-19 Symptoms: 4 days or more of fever over 100.4 F, more than one week of muscle aches, chills, and lethargy, or a non-ICU hospital stay and no evidence of multisystem inflammatory syndrome in children (MIS-C).

SEVERE COVID-19 Symptoms: hospitalization or multisystem inflammatory syndrome in children (MIS-C). AAP recommends exercise restrictions for 3-6 months and a cardiology clearance prior to resuming sports.

PHYSICIAN RECOMMENDATION:

CLEARED to return to sports practices and competitions. The individual does not display cardiac signs/symptoms.

NOT CLEARED to return to sports with modifications/recommendations listed below.

\*\*Athlete is exempt from COVID-19 testing for 90 days unless the athlete experiences new COVID-like symptoms. COVID testing exemption ends on (Date).

Modifications:

Physician Signature: Date:

Print Physician Name: Phone #: