

Health Services Department 975 North D Street Stockton, CA 95206 (209) 933-7060 FAX (209) 933-6520 BOARD OF EDUCATION Cecilia Mendez, President Maria Mendez, Vice President Ray C. Zulueta, Jr., Clerk AngelAnn Flores, Trustee Scot McBrian, Trustee Alicia Rico, Trustee Candelaria Vargas, Trustee INTERIM SUPERINTENDENT

John Ramirez, Jr.

Referral for Sports Medical Clearance after Positive COVID-19 Testing

Dear SUSD Parent or Guardian:

Your child recently 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. Although serious complications are rare in young people, inflammation of the heart has been a problem in a minority of children and adolescents.

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.

 Date:_____
 School Nurse:_____
 Phone #:_____

To be completed by primary 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). See attached AAP algorithm.

_____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:

<u>**CLEARED</u>** to return to sports. They individual can perform normal activities of daily living and does not display cardiac signs/symptoms.</u>

<u>NOT CLEARED</u> to return to sports and the following strategies are recommended.

Modifications:_____

Physician: _

Date:

Phone #: _____ Fax #: _____