

GREENWICH PUBLIC SCHOOLS SCHOOL HEALTH SERVICES

COVID-19 Return to Play Screening for Students

Student's Name			Date of COVID-19 positive test:		
Date student can return to sports:					
Severity:	Asymptomatic	Mild	Moderate	Severe	
Known significant heart disease				ΥD	_N □
Following res	olution of acute COVID-1	9 infection, has the	e student had:		
Chest pain/discomfort/tightness/pressure				YП	_N 🗆
Unexplained syncope or near syncope				YП	_N 🗆
Unexplained shortness of breath or fatigue				YП	_N [
Palpitations				YП	_N D
On exam, has	the patient had:				
Abnor	Abnormal cardiac findings (murmur, gallop, etc.)			YП	_N □
Hepatomegaly				YП	_N [
Abnormal pulmonary findings				YП	_N 🗆
Swell	ing/edema			YП	_N 🗆
Pediatric Cardiology referral made?				YП	NΠ
Do you have any other concerns about the patient returning to play?				YП	NΠ
Do you recommend a <i>Return to Play</i> protocol?				YП	NΠ
Was this stud	ent seen: Remotely	or In-j	person		

If the severity is asymptomatic or mild and all of the above are "No," the student is cleared to return to play.