



Sport Club Post-COVID19 Medical Clearance Form

To be completed by sport club participant:

Name: _____ Sport Club: _____

Date of Birth: _____ Date of Initial Symptoms: _____

Positive COVID Test Date: _____ How many days were you symptomatic? _____

Were you hospitalized? YES NO

Primary M.D. or Cardiology Consult:

To the Physician or medical provider:

The above referenced sport club participant tested positive for COVID-19 within the past 6 months by either nasal PCR or saliva PCR testing methods. The AMSSM Cardiac Considerations for College Student-Athletes during the COVID-19 Pandemic recommendations for cardiac testing is included on the reverse side of this page. Based on these recommendations and your examination, may the student return to participation in physical collegiate activities?

Cleared for return to collegiate physical activities without restrictions: YES NO

If no, referred to cardiologist for further evaluation? YES NO

Further testing required:

Physician Name: _____ PMD: _____ Cardiology: _____

Address: _____

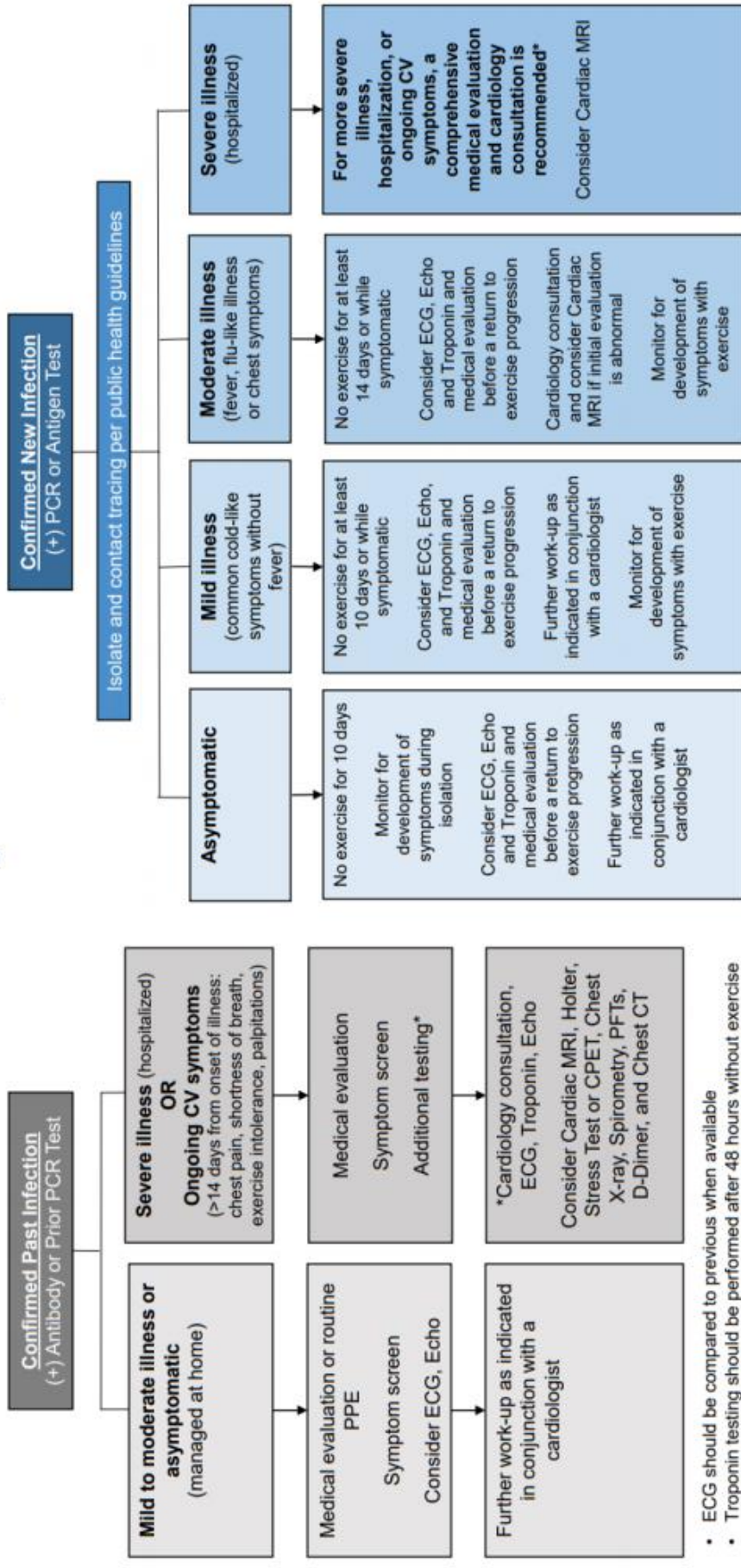
Signature: _____ Date: _____

Completed forms may be returned in any of the following ways:

- By fax to 607-753-2538 (preferred)
- By email to sportclubs@cortland.edu
- By mail to: SUNY Cortland Recreational Sports
PO Box 2000
Cortland, NY 13045
Attn: Sport Club COVID Clearance

Cardiac Considerations for College Student-Athletes during the COVID-19 Pandemic

*Recommendations for cardiac testing are based on expert consensus with limited evidence



- ECG should be compared to previous when available
- Troponin testing should be performed after 48 hours without exercise
- Confirmed myocarditis, pulmonary embolism, or other cardiopulmonary disorder should be managed per medical guidelines

Considerations were developed by an expert panel from the American Medical Society for Sports Medicine and the American College of Cardiology