

# Post COVID Athletic Clearance Information



## **Students Who Have COVID-19**

As provided in this [Department of State Health Services \(DSHS\) Rule](#), school systems must exclude students from attending school in person who are actively sick with COVID-19, who are suspected of being actively sick with COVID-19, or who have received a positive test result for COVID-19, and must immediately notify parents if this is determined while on campus.

- Parents must ensure they do not send a child to school on campus if the child has COVID-19 symptoms or is test-confirmed with COVID-19, until the conditions for re-entry are met. See the [DSHS rule](#) for more details, including the conditions for ending the exclusion period and returning to school.
- In addition to the criteria and processes described above, for a student who has been diagnosed with COVID-19, **it is strongly recommended that the student receive**, in accordance with the most current resources available from the [American Academy of Pediatrics \(AAP\)](#) and/or the [American College of Cardiology \(ACC\)](#), **clearance from a physician, or a physician-approved delegate prior to returning to participation in UIL marching band or athletic activities.**

## **Information below is taken from website :**

<https://www.uptodate.com/contents/covid-19-return-to-play-or-strenuous-activity-following-infection>

## MEDICAL CLEARANCE IN ATHLETES

The safety and ideal timing for resuming intense exercise after COVID-19 infection is unknown, and no evidence-based guidelines for return to play are available to help clinicians. Several consensus statements based largely on expert opinion promote risk stratification based on the severity of the athlete's illness and other relevant factors. **The severity of illness from COVID-19 varies widely with potential effects on many organ systems.** Athletes who suffered more severe illness or have major underlying morbidities will likely require additional testing and specialist consultation before they can resume intense training.

### Cardiovascular evaluation

Myocardial injury — **Myocarditis is a major cause of sudden cardiac death in young athletes**, shown by postmortem analysis to be present in 8 to 12 percent of such cases [28]. Although most COVID-19-related myocardial injury occurs in hospitalized patients, there are scattered reports of myocarditis or presumed myocarditis developing in ambulatory patients [29-31]. Thus, detection of occult myocarditis or other myocardial injury is a concern when evaluating the cardiovascular system of athletes following COVID-19 illness. (See "Athletes: Overview of sudden cardiac death risk and sport participation" and "Screening to prevent sudden cardiac death in athletes".)

**Myocarditis may rarely be present without symptoms or examination findings.** When present, clinical findings may include:

- Third heart sound (suggests volume overload but may be normal)
- Mitral or tricuspid regurgitation (suggests chamber dilation; rare in acute presentations)
- Elevated jugular venous pressure; lower extremity edema (suggest fluid overload)

### Pulmonary evaluation

General approach and guidance — **The lungs are the organ system most affected by COVID-19, and patients who develop acute respiratory distress syndrome secondary to COVID-19 infection are at substantial risk of death.** Survivors of such severe disease often manifest persistent pulmonary injury, and even among those with less severe pulmonary disease, recovery can be prolonged. Clinicians should perform a careful lung examination in athletes preparing for return to play following COVID-19 illness. Certain examination findings should prompt further evaluation, including egophony (suggests consolidation), dullness to percussion (suggests pleural effusion), and crackles (consistent with pulmonary edema or fibrosis).

Although persistent dyspnea is a common complaint among patients recovering from COVID-19 pulmonary infection, such symptoms may represent cardiac complications. Clinicians should perform a careful assessment of the cardiovascular system before ascribing dyspnea solely to pulmonary complications. (See 'Persistent dyspnea' below.)

**Patients hospitalized with respiratory failure due to COVID-19 pneumonia should not resume exercise until given permission by their pulmonologist or another clinician with appropriate expertise.** Respiratory failure is defined as an acute hypoxemic condition requiring advanced support (eg, high-flow nasal cannula, noninvasive positive-pressure ventilation, invasive mechanical ventilation, or extracorporeal life support).