



Annville-Cleona School District
COVID-19 Sports Clearance

Date: _____

Re: _____

Dear Mr./Ms. _____

It has been brought to the attention of Annville-Cleona School District that your son/daughter has tested positive for COVID-19. Prior to return to sport, it is necessary they receive medical clearance from their primary care provider.

Please note that some athletes may require a screening ECG prior to returning to sport. Penn State Health has created a return to play algorithm, which has been included with this form. Please feel free to give it to your provider as a reference.

If fever is present, or other symptoms lasting longer than 72 hours, then a normal ECG is necessary for clearance.

YOUR CHILD WILL NOT BE ABLE TO PARTICIPATE IN SPORTS UNTIL WE RECEIVE CLEARANCE FROM YOUR PRIMARY CARE PHYSICIAN (documenting a normal ECG if needed).

If you have any questions or concerns, please contact Tanya Deihl.

Sincerely,

Jessica F. Butts, MD
Athletic Team Physician



Annville-Cleona School District

COVID-19 Sports Clearance

Dear PCP,

Your patient has tested positive for the COVID-19 virus. Prior to return to sporting activity, it is required they receive medical clearance from you. Penn State Health Sports Medicine, in conjunction with Penn State Health Pediatric Cardiology, has created recommendations for return to play based on symptom severity.

For your convenience this template has been created to assist with documentation and clearance. Please feel free to use it, or generate a clearance note of your own.

Please note that if an athlete had a fever, or other symptoms lasting longer than 72 hours, suggesting a moderately severe viral infection, it is recommended he/she complete an ECG to screen for cardiac pathology such as myocarditis, prior to returning to sports activities. A screening algorithm has been attached to this letter for your review.

Sincerely,

Jessica F. Butts, MD
Athletic Team Physician

Patient Name	
DOB	

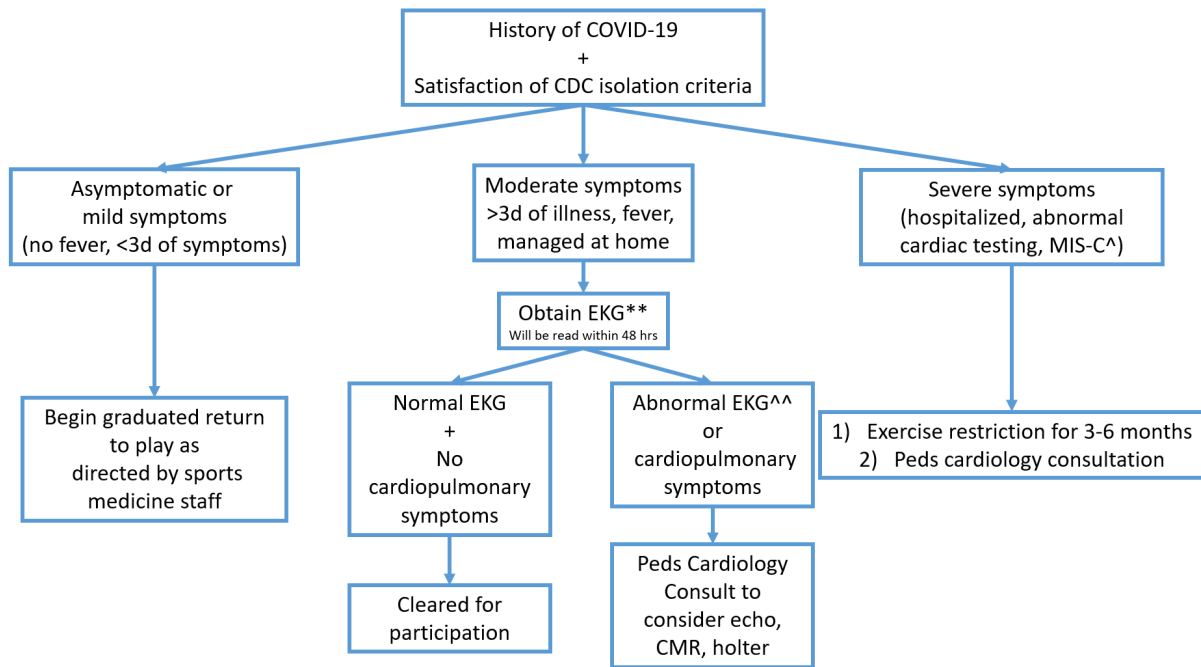
Did patient experience symptoms lasting longer than 3 days?	Yes	NO	
Was an ECG ordered?	Yes	NO	
Was the ECG normal?	Yes	NO	N/A

Student **IS** medically cleared for return to play at this time. _____

Student **IS NOT** medically cleared for return to play at this time. _____

Provider Name (printed)	
Address	
Phone Number	
Signature	

Competitive* Youth Sports (<18 yo) Return to Play after COVID-19



Algorithm based on current recommendations from the ACC, AMSSM, and NFHS. These recommendations are subject to change as more evidence on COVID-19 myocarditis becomes available. Any patient who develops signs of clinical instability should be directed to the emergency department. If there is return of any symptoms, the athlete should be medically re-evaluated prior to return to play.

*Competitive sports refers to activities that exceed the typical levels of exertion for childhood play.

**Pediatric ECG scheduling protocol:

Academic medical group:

1. Enter the order in PowerChart (mark yes for future order), **specify the date you would like ECG** obtained in “other special instructions.” Also write **“this is POST-COVID testing, there is no increased risk of exposure if performed on specified date.”**
2. Have MOA team send electronic referral via e-message to “Spec CHG MOA” pool.
3. Patient will then be contacted to set up an outpatient “ECG only” visit at one of the locations below.

Community medical group (or no access to PowerChart):

1. Printed order for ECG with **desired date of study** as well as **“this is POST-COVID testing, there is no increased risk of exposure if performed on specified date”** included in order can be faxed to 717-531-0401.
2. Once fax received, schedulers will reach out to patient to schedule the test.

Practice sites where Pediatric EKGs can be obtained:

- Nyes Road
- Penn State Children’s Hospital, UPC
- Penn State Health Hope Drive
- Penn State Health Camp Hill
- Penn State Health Lime Spring Outpatient Center
- Penn State Health Elizabethtown
- Penn State Health Kingston
- Penn State Health Windmere Centre
- Penn State Health York
- St. Joseph’s Hospital

^^Evidence-based approach to specific findings of COVID-19 myocarditis is limited to case studies. However, general signs of myocarditis on ECG include ischemic changes, ST segment changes or evidence of ventricular arrhythmias stemming from myocardial inflammation and irritability.

References:

Drezner JA, Heinz WM, Asif IM, Batten CG, Fields KB, Raukar NP, Valentine VD, Walter KD. Cardiopulmonary Considerations for High School Student-Athletes During the COVID-19 Pandemic: NFHS-AMSSM Guidance Statement. *Sports Health*. 2020 Sep/Oct;12(5):459-461. doi: 10.1177/1941738120941490. Epub 2020 Jul 9. PMID: 32640879; PMCID: PMC7459195.

Eichhorn C, Bière L, Schnell F, Schmied C, Wilhelm M, Kwong RY, Gräni C. Myocarditis in Athletes Is a Challenge: Diagnosis, Risk Stratification, and Uncertainties. *JACC Cardiovasc Imaging*. 2020 Feb;13(2 Pt 1):494-507. doi: 10.1016/j.jcmg.2019.01.039. Epub 2019 Jun 12. PMID: 31202742.

Dean PN, Burns Jackson L, Paridon SM. Returning to Play After Coronavirus Infection: Pediatric Cardiologists' Perspective. *American College of Cardiology*. Jul 14, 2020.

Dores H, Cardim N. Return to play after COVID-19: a sport cardiologist's view. *Br J Sports Med*. 2020 Oct;54(19):1132-1133. doi: 10.1136/bjsports-2020-102482. Epub 2020 May 7. PMID: 32381502.

FAQs

Why is protected return to play important in COVID-19?

- While the incidence of myocarditis is lower in the pediatric population compared to the adult population, myocarditis is known to be a cause of sudden cardiac death during exercise in the young athletic population. It is important to properly evaluate COVID-19 infected athletes prior to return to play.

What if an athlete originally tests negative for COVID-19, but then starts experiencing symptoms?

- Multisystem inflammatory syndrome in children (MIS-C) has occurred in the pediatric population in these individuals. Physicians need to be aware of this possibility in our population and direct these patients to care appropriate to their symptoms. Any patient with MIS-C needs an extensive cardiac work-up prior to return to athletic activities.

Why do we need to obtain ECGs on patients without cardiac symptoms?

- In patients with prolonged fevers or symptoms >3 days, it is possible that there is subclinical myocardial injury. This would then place them at higher risk of sudden cardiac death. ECG studies are recommended.