



BARNSTABLE HIGH SCHOOL

744 West Main Street, Hyannis MA 02601 | 508.790.6445 | Fax 508-775-1351

Elizabeth Freedman
Principal

Scott Pyy
Assistant Principal

Barnstable High School COVID Return to Play Form

Student Athletes who test positive for COVID-19 must be cleared by an approved healthcare professional through an in person physical examination in order to return to full activity.

Student Name: _____ DOB: ___/___/___ RTP Evaluation Date: ___/___/___

Date of Isolation: Start ___/___/___ End: ___/___/___

Criteria to begin Return to Play Protocol: (Please check all that apply)

___ 5 days have passed since the onset of symptoms & the student has not required fever reducing medicine for 24 hrs

___ Student has been asymptomatic throughout 5 day isolation period

___ Student was not hospitalized due to COVID-19 infection

___ Cardiac screen negative (ALL answers must be NO)

Chest pain/tightness with exercises YES ___ NO ___

Unexplained Syncope/near syncope YES ___ NO ___

Unexplained/excessive dyspnea/fatigue w/exertion YES ___ NO ___

Heart palpitations YES ___ NO ___

Shortness of Breath during exam YES ___ NO ___

If any cardiac screening question is positive or if the student was hospitalized, consider a full cardiac workup as appropriate.

___ Student **HAS** satisfied the above criteria and **IS CLEARED** to begin the Return to Play Protocol (w/ Athletic Trainer)

___ Student **HAS** satisfied the above criteria and **IS CLEARED** for **FULL ACTIVITY** (Includes games, meets, competitions)

___ Student **HAS NOT** satisfied the above criteria and **IS NOT CLEARED** to return to play

EXPLAIN: _____

Health Care Provider Information:

Evaluator's Name: _____ Title: _____

Office Phone: _____ Office Fax: _____

Practice Name and Address: _____

Evaluator's Signature: _____ Date: _____



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return to activity plan to be followed:

Stages	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6
Activity	walking	walking, light jogging, stationary bike	dynamic warm-up, movement prep, running drills	movement prep, conditioning, team and individual drills (no scrimmaging)	full team training activities (no games)	full team activity (games included)
Time	15 minutes	15 minutes	30 minutes	45 minutes	60 minutes	90 minutes
Heart Rate	50% Max	<70% Max	<80%max	<80% Max	<80% Max	<85% Max
Duration	2 days post resolution of symptoms	2 days	1 day minimum	1 day minimum	2 day minimum	normal training progression