

COVID MEDICAL RELEASE FOR RETURN TO ATHLETIC PARTICIPATION

This release is to certify that _____ has been

(Student athlete's name)

examined due to testing positive for Covid 19 and cleared to return to athletics.

Following an examination, it is my medical opinion that he/she

____ **May return to full participation in athletics immediately** _____

(Date)

____ **May return to participation in athletics after completion of Covid Return to Play Protocols.**

____ **Is unable to return to participation in athletics until further notice**

Return appointment scheduled on: _____

(Date)

Health Care Provider's Name (Type or Print)

Health Care Provider's Signature

Date