

COVID-19 Physician Clearance Form

The student-athlete listed below has been referred to your office after testing positive for COVID-19. Per UIL guidelines, a student who has been diagnosed with COVID-19 must receive clearance from a physician (MD or DO) or a physician delegate (PA-C, FNP-C, or APRN) prior to returning to participation in UIL athletic activities or marching band.

This form must be returned to the licensed athletic trainers on campus BEFORE resuming any athletic activity, including practices and/or games.

Student-Athlete Name: _____ DOB: _____

Date of Positive Test: _____ Date Symptoms first appeared: _____

Athlete was evaluated after testing positive for COVID-19 and is now:

Cleared for full participation in athletics:

Cleared with restrictions:

Not Cleared:

Restrictions/Concerns: _____

Physician name (Print): _____

Physician signature: _____ Date: _____

Physician address: _____

Office phone: _____