

**DUBLIN CITY SCHOOLS ATHLETE HEALTH CARE  
COVID-19 MEDICAL EVALUATION AND AUTHORIZATION TO RETURN**

Dear Physician,

Per the Ohio Department of Health Director's Order issued on August 19, 2020, an individual who tests positive for COVID-19, whether symptomatic or asymptomatic, shall not return to Sports activities until a documented medical exam is performed clearing the individual prior to the individual returning to participation in practice or games. **The documented medical exam must specifically include an assessment of the cardiac/heart risk of high-intensity exercise due to the potential of myocarditis occurring in COVID-19 patients.**

This form shall serve as the authorization that you have examined the student and have cleared the student to return to participation. Please complete the following information and fax it to the student's school (contact information is listed on the back of this page), or send it with the athlete after the visit to your office. This athlete will not be able to return to activity without clearance from you on this form. If we can be of any assistance, please feel free to contact us. Thank you for your time, consideration and cooperation.

I, \_\_\_\_\_, M.D., D.O. or \_\_\_\_\_ (other qualified licensed medical provider) have examined the  
(Print name of MD, DO or Other)

following student, \_\_\_\_\_ from \_\_\_\_\_ High School/Middle School.  
(Name of Student)

I have examined this student and determined that the student is cleared to resume participation upon the completion of the directions provided below.

**PLEASE INDICATE YOUR DIRECTIONS BELOW**

\_\_\_ Cleared for return to play with no restrictions following a **graduated return to play progression**.

\_\_\_ Cleared for return to play following a **graduated return to play progression** with the following recommendations/restrictions: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_ Other: (explain): \_\_\_\_\_  
\_\_\_\_\_

**VALID ONLY WITH ALL INFORMATION COMPLETED**

Signature of Medical Professional \_\_\_\_\_  
(MD, DO or other qualified Licensed Medical Provider)

Date: \_\_\_\_\_

Contact Information: \_\_\_\_\_

(Print or Stamp) Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Return to play is also subject to clarification of this document, as deemed necessary, by Licensed Athletic Trainer, other qualified Licensed medical providers authorized by Board of Education or other governing body, or school district administration. Return to play decisions are also subject to recognized principles of conditioning, skill development, mental preparedness, etc.

Parent(s)/Guardian and student are reminded that they have a responsibility to report any further signs or symptoms of illness to coaches, athletic trainers, administrators, and the student-athlete's physician. Information regarding signs and symptoms are available from school district personnel or CDC website.

Note: The school must retain this form indefinitely as a part of the student's permanent record. Medical Providers should retain a copy for their own records.

**DUBLIN CITY SCHOOLS ATHLETE HEALTH CARE  
ATHLETIC TRAINER CONTACT INFORMATION**

**Dublin Scioto High School**

Chris Troyer 614-718-8333  
Jessica Hoaglin 614-718-8332  
Fax 614-718-8348

**Dublin Jerome High School**

Ric Fail 614-718-8282  
Margaret Detweiler 614-718-8299  
Fax 614-873-7342

**Dublin Coffman High School**

Michael Harvey 614-764-5912  
Kayce Rivera 614-764-5945  
Fax 614-764-5925

**Dublin Davis Middle School**

Kate Richardson 614-718-8546  
Fax 614-761-5893

**Dublin Karrer Middle School**

Corey Blattler 614-718-2862  
Fax 614-873-1492

**Dublin Sells Middle School**

Pam Stotts 614-718-8579  
Fax 614-764-5923

**Dublin Grizzell Middle School**

Maddie Legerski 614-718-2671  
Fax 614-761-6514