Center for Health and Wellness at Middlebury

Middlebury College Student Post-COVID-19 Infection Return to Activity Guidance

Medical reports suggest that the COVID-19 virus can potentially negatively impact the heart and lungs, thereby posing a potential risk to individuals who return to exercise post-infection. The NCAA's <u>Resocialization of Collegiate Sport</u>: <u>Developing Standards for Practice and Competition, Second Edition</u> was updated on May 3, 2021, advising a tiered approach to assessment using an <u>algorithm</u> developed by an expert panel from the American Medical Society for Sports Medicine and the American College of Cardiology.

While all individuals who have recovered from COVID-19 infections are strongly encouraged to discuss a plan for safe resumption of activity with their personal healthcare provider, **Middlebury College students planning to participate or try-out for an Athletics team and have had COVID-19 are required to**:

- 1. Notify Sports Medicine staff that they have been diagnosed with COVID-19 (at any time).
- 2. Provide a signed *Middlebury College Student-Athlete Post-COVID-19 Infection Return to Activity Clearance Form* from their healthcare provider that they are cleared for safe participation in athletics prior to returning to campus for the Fall 2021 semester, or anytime thereafter following a COVID-19 diagnosis.

Steps for Student-Athletes to meet this requirement*

- 1. **Schedule an appointment now** (or as soon as possible after your diagnosis) with your personal MD, DO, NP or PA.
- 2. Print and bring a copy of this packet to your appointment to give to your MD, DO, NP or PA.
 - a. Bring: a copy of your positive test result, The AMSSM/ACC algorithm, The BJSM infographic on a graduated return to play following a COVID-19 infection, *Middlebury College Student-Athlete Post-COVID-19 Infection Return to Activity Clearance Form,* A release form allowing your MD, DO, or NP to have all pertinent clinic notes and test results faxed to Sports Medicine at 802-443-2094.
- 3. Upload relevant documents to your health portal.
 - a. Log in to your student health portal.
 - b. Click on tab for "document upload."
 - c. Select <u>document type</u> from the drop down menu for each document you are uploading:
 - i. "COVID 19 test result" for uploading COVID-19 test results
 - ii. "Post-COVID Return to Play (Middlebury Athletics)" if participating on an Athletics Team
 - d. Browse to select your file.
 - e. Upload.
- 4. If necessary, sign the release form and ask that your MD, DO, or NP send all pertinent clinic notes and any test results faxed to Sports Medicine at 802-443-2094.
- 5. Follow any and all guidance regarding safe return to activity.
- 6. Contact Amal Duprey (aduprey@middlebury.edu ; 802-443-3636) in Sports Medicine if you are unable to complete this requirement.

*Students not participating in Athletics are strongly encouraged to speak with their personal MD, DO, NP, or PA about safe participation and follow safe return guidance to activity but are not required to provide a clearance form.

Center for Health and Wellness at Middlebury

Middlebury College Student-Athlete Post-COVID-19 Infection Return to Activity Clearance Form

Post-COVID-19 ACTIVITY CLEARANCE MD, DO, NP, or PA Instructions - Please:

- Assess and advise your patient about any concerns you have regarding their clearance for athletic activities

 a. see AMSSM/ ACC guidance and BJSM Infographic, resources 1 & 3 below
- 2. Provide appropriate guidance and precautions for return to athletic activity
- 3. Check either cleared or not cleared from the options listed below and provide supporting information.

□ **CLEARED FOR ALL ACTIVITIES**. I have reviewed this patient's personal health history and completed an assessment. The patient is cleared for full athletic participation without restriction.

□ NOT CLEARED:				
pending further evaluation				
for any activities or athletics				
for certain activities /athletics				
REASON:				
RECOMMENDATION:				
MD, DO, NP, PA Name (PRINT):				
Phone:		Fax:		
Addross				
Address:				
City,	State: _		Zip:	
Date of Exam: MD, DO, NP, PA Signature: _		e:		

Medical Staff Resources:

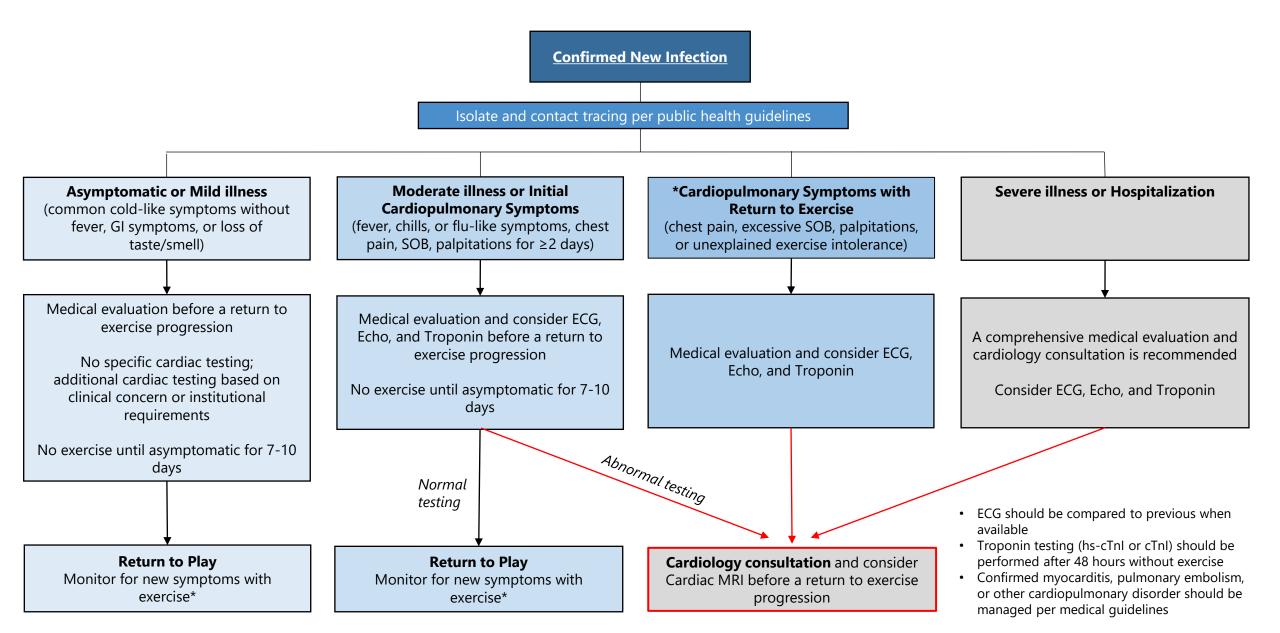
- 1. <u>https://www.amssm.org/Content/pdf-files/COVID19/NCAA_COVID-19_30-APR-2021.pdf</u> Cardiac Considerations for College Student-Athletes during the COVID-19 Pandemic
- <u>https://bjsm.bmj.com/content/54/19/1157</u> Cardiorespiratory considerations for return-to-play in elite athletes after COVID-19 infection: a practical guide for sport and exercise medicine physicians
- 3. <u>https://bjsm.bmj.com/content/54/19/1174</u> Infographic. Graduated return to play guidance following COVID-19 infection
- 4. https://bjsm.bmj.com/content/54/16/949 The Stanford Hall consensus statement for post-COVID-19 rehabilitation
- 5. <u>https://bism.bmj.com/content/54/19/1132</u> Return to play after COVID-19: a sport cardiologist's view
- 6. https://journals.lww.com/cjsportsmed/Fulltext/2021/01000/Interim_Guidance_on_the_Preparticipation_Physical.1.aspx
- 7. <u>https://www.ncaa.org/themes-topics/health-and-safety</u>

^{8. &}lt;u>https://www.ncaa.org/sport-science-institute/resocialization-collegiate-sport-developing-standards-practice-and-competition</u> See section: Cardiac and Exercise Considerations for Resumption of Exercise After COVID-19 Infection

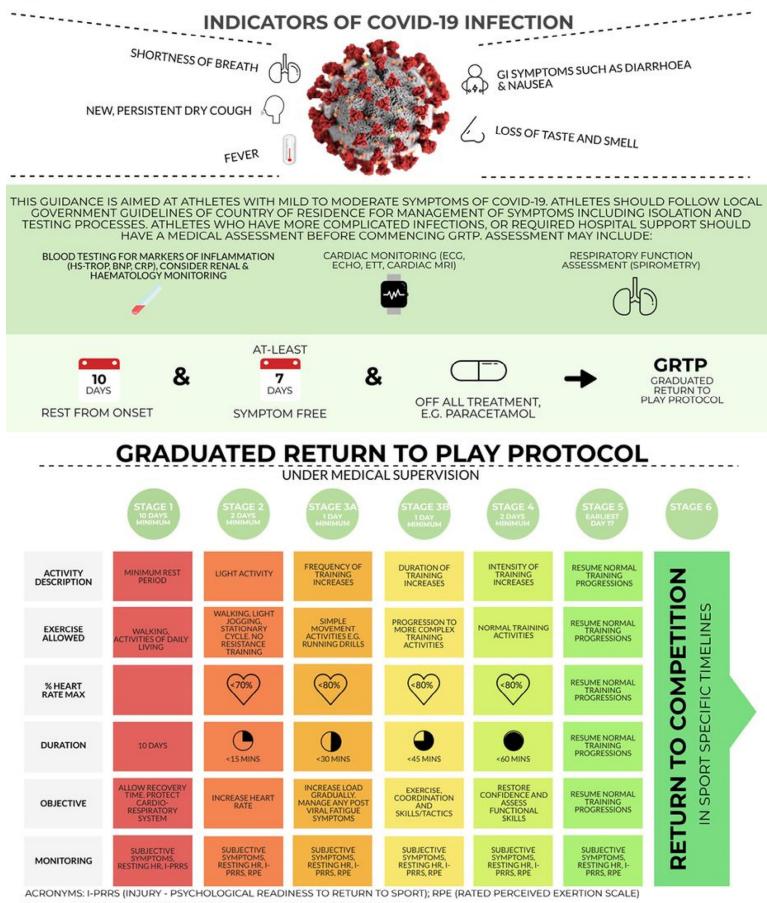
^{9.} Contact Amal Duprey (aduprey@middlebury.edu ; 802-443-3636; fax number 802-443-2094) in Sports Medicine if necessary.

Cardiac Considerations for College Student-Athletes during the COVID-19 Pandemic

*Recommendations for cardiac testing are based on expert consensus and informed by current evidence



COVID-19 GRADUATED RETURN TO PLAY FOR PERFORMANCE ATHLETES: GUIDANCE FOR MEDICAL PROFESSIONALS



NOTE: THIS GUIDANCE IS SPECIFIC TO SPORTS WITH AN AEROBIC COMPONENT

ENCLISH INSTITUTE OF SPORT

institute of sport

ATHLETE

sportwales

acymou

Sports

Sport

Parton Center for Health & Wellness Middlebury College, Middlebury VT 05753 Health Services / Counseling / Sports Medicine

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

Student Name:		DOB://	
Last name	First name	Middle initial	
Phone number:		Midd Student ID:	
I request and authorize the release, use	e or disclosure of the above	named student's protected health information. Please	
release my health information:			
□ from Parton Center for Health & W	ellness to below: OR	□ from below to Parton Center for Health & Wellness:	
Name/Organization			
Street Address/City/State/Zip) Code		
		Fax ()	
I agree to have information exchange	ed between both parties re	eciprocally: 🗆 Yes 🗆 No	
<i>I authorize release, use or disclosure</i> Immunizations	of following information	(check all that are applicable):	
□ All clinical information related to spe	ecific condition or issue (pl	ease specify):	
□ Specific visit/encounter note (please	e specify):		
□ Lab results (please specify):			
□ Radiology reports (please specify CT	', MRI, X-Ray, etc.):		
Other (please describe):			
Counseling : Please contact Counseling	3802-443-5141 to consult	with a counselor when checking either of the boxes below.	
□ Substance Use Assessment records.			
Limit this release to the following da	ates of service:		
revocation; however, such revocat on this Authorization before receip except information protected by fe to re-disclosure by the recipient an	ion would not affect any ac pt of my written revocation ederal regulations about con nd no longer protected by fo <i>is information is valid for</i>	ay revoke it at any time by providing a written notice of tion taken by Parton Center for Health & Wellness in reliance . The information released/disclosed by this Authorization, nfidentiality of drug and alcohol abuse record, may be subject ederal privacy regulations or other applicable state or federal 12 months from the date of signature on this release	
		/Date	
Signature of student or personal repre-	esentative (e.g. legal guardi	an) / Relationship to patient	
Signature of witness:		Date	
Health Services	Counseli	ng Sports Medicine	

Sports Medicine Office 802.443.5259 /fax 802.443.2094