



# Return to Play Clearance

## COVID-19 Infection Medical Clearance Releasing the Athlete to Resume Full Participation

This form must be completed and signed by one of the following examining Licensed Health Care Providers (LHCP) before the athlete is allowed to resume full participation: Licensed Physician (MD/DO), Licensed Physician Assistant (PA), or Licensed Nurse Practitioner (NP). This form must also be signed by the athlete's parent/legal guardian giving their consent before their child resumes full participation.

Name of Athlete (first and last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of COVID-19 Infection Diagnosed: \_\_\_\_\_ Date of COVID-19 Infection Resolved: \_\_\_\_\_

**This is to certify that the above-named athlete has been diagnosed with and treated for COVID-19 infection.**

*As the examining LHCP, I have thoroughly assessed the above-named athlete (including review of appropriate diagnostic studies if indicated) and have determined this student-athlete is medically cleared to return to sport. By signing below therefore, I give the above named athlete consent to resume full participation in athletics.*

\_\_\_\_\_  
Signature of Licensed Physician, Licensed Physician Assistant,  
Licensed Nurse Practitioner (please circle)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Office Address (street, city, state, zip)

\_\_\_\_\_  
Office Phone

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### Parent/Legal Guardian Consent for Their Child to Resume Full Participation in Athletics

I am aware that Loudoun Soccer REQUIRES the consent of a child's parent or legal guardian prior to them resuming full participation in athletics having been diagnosed and treated for a COVID-19 infection. I acknowledge that the Licensed Health Care Provider above has overseen the treatment of my child's COVID-19 infection care and has given their consent for my child to resume full participation in athletics. By signing below, I hereby give my consent for my child to resume full participation in athletics.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Relationship to Athlete