



Pleasant Grove ISD
UIL Medical Clearance

Student Name: _____

DOB: _____

The above named student was diagnosed with COVID-19.

Symptom Start Date: _____

Date of Positive Test: _____

In compliance with UIL regulations, "a student must receive clearance from a physician prior to returning to participation in UIL marching band or athletic activities."

In order for the student to resume activities, they must pass a medical exam that declares they are healthy and free of any post-COVID effects that may be harmful to them during exertion.

Date of Evaluation: _____

Criteria to return (Please check below as applies)

Athlete was not hospitalized due to COVID-19 infection

Cardiac screen negative for myocarditis/myocardial ischemia (each criteria must be checked)

Chest pain/tightness with exercise

YES _____

NO _____

Unexplained syncope/near syncope

YES _____

NO _____

Unexplained/excessive dyspnea/fatigue with exertion

YES _____

NO _____

New palpitations

YES _____

NO _____

Heart murmur on exam

YES _____

NO _____

Note: If any cardiac screening question is positive (yes) or if the athlete was hospitalized, it is recommended to have a comprehensive workup done that may include a Chest X-ray, EKG/ECHO, Pulmonary Function Test, Troponius, or Cardiology Consult.

Student **HAS** satisfied the above criteria and **IS** cleared to return to normal activities.

Student **HAS NOT** satisfied the above criteria and **IS NOT** cleared to return to normal activities.

Physician Name

Address

Phone Number

Physician Signature

Date