POST COVID-19 ASSESSMENT CHECK

Section 1: Athlete Background

Athlete Name: ____ Date:_______________________

Sport/Activity: ________________________________ Level of Activity: ______________________

Date of Last COVID-19 PCR Test: ___________________________

Date of Last COVID-19 Antigen Test (if available): ___________________________

How long was the recovery time? _____________________________

Was the athlete hospitalized during the time of illness? YES NO

Other general health concerns/comorbidities? YES NO

If yes, please list: ____

Section 2: Symptom Evaluation

The athlete should note down any symptoms that are ONGOING NOW or HAD OCCURRED DURING THEIR ILLNESS. The athlete should read through the list of symptoms and check whether their symptom was present at the onset of their illness, whether it is currently ongoing, or whether they never experienced the symptom. If the symptom was present at onset or is current, the athlete should then rate their symptoms based on how they felt/currently feel.

Symptom* **Public Health Ontario as of Feb 5 2021*	Time of Symptom	If symptom was present at onset or is current, please rate:					
		MILD		MODERATE		SEVERE	
Difficulty breathing	Never (0) At Onset Current	1	2	3	4	5	6
Severe chest pain	Never (0) At Onset Current	1	2	3	4	5	6
Feeling confused or unsure of where you are	Never (0) At Onset Current	1	2	3	4	5	6
Losing consciousness	Never (0) At Onset Current	1	2	3	4	5	6
Fever and/or chills	Never (0) At Onset Current	1	2	3	4	5	6

Cough or barking cough (croup)	Never (0) At Onset Current	1	2	3	4	5	6
Shortness of breath	Never (0) At Onset Current	1	2	3	4	5	6
Sore throat	Never (0) At Onset Current	1	2	3	4	5	6
Difficulty Swallowing	Never (0) At Onset Current	1	2	3	4	5	6
Running or stuffy/congested nose	Never (0) At Onset Current	1	2	3	4	5	6
Decrease or loss of taste or smell	Never (0) At Onset Current	1	2	3	4	5	6
Conjunctivitis (pink eye)	Never (0) At Onset Current	1	2	3	4	5	6
Headache	Never (0) At Onset Current	1	2	3	4	5	6
Nausea/vomiting	Never (0) At Onset Current	1	2	3	4	5	6
Diarrhea	Never (0) At Onset Current	1	2	3	4	5	6
Stomach pain	Never (0) At Onset Current	1	2	3	4	5	6
Muscle aches	Never (0) At Onset Current	1	2	3	4	5	6
Extreme tiredness	Never (0) At Onset Current	1	2	3	4	5	6
Falling down often (older adults)	Never (0) At Onset Current	1	2	3	4	5	6
Total Number of Symptoms					of 19		
Symptom Severity Score					of 114		

Additional Information:

O2 Saturation	At Assessment	%
Heart Rate	At Assessment	bpm

Section 3: Function Screen

(From Elliott N, et al. BJSM. 2020 Oct 1;54(19):1174-5.)

Is the athlete:

Able to complete regular activities of daily living? YES NO

Able to walk ~500m on the flat without excessive fatigue or breathlessness? YES NO

At least 7 days symptom-free? YES NO

If the athlete/covid client answers YES to all of the below, they may proceed with graduated return to play following medical clearance. Otherwise they should remain in the rehab phase where their chronic symptoms can be treated.