

VELOCITY URGENT CARE

IN PARTNERSHIP WITH  SENTARA®

Resumption of Sports Activity Questionnaire for youth and young adult patients with a POSITIVE Covid test within the last 6 months:

1. DID YOU HAVE ANY OF THE FOLLOWING?
 - 4 or more days of fever >100.4 YES NO
 - 7 or more days of muscle aches, chills, or lethargy YES NO
 - Hospital stay YES NO
 - Diagnosis of Multisystem Inflammatory Syndrome in Children (MIS-C) YES NO

2. ARE YOU CURRENTLY HAVING ANY OF THE FOLLOWING?
 - Chest pain YES NO
 - Shortness of breath YES NO
 - New onset heart palpitations – racing, skipping YES NO
 - Fainting/passing out YES NO

If you answered “YES” to any of the above responses, please note the following: Velocity Urgent Care has adopted the recommendation of the American Academy of Pediatrics (AAP) as it relates to Sport Activity Clearance post Covid-19 infection. The AAP recommends that athletes be evaluated and cleared by a Primary Care Physician (Pediatrician/Family Physician) due to a risk of heart complications from the Covid-19 infection. This is not meant to alarm you, but to alert you to this small but real possibility. We do not want to take any chances with your child’s health and athletic endeavors.

We value you coming to our office and strive to give you the most up to date health advice.

Patient Name (Print Name): _____

Patient Signature: _____

Parent/Guardian (If athlete under 18) Print Name: _____

Parent/Guardian Signature: _____

Date: _____