



# UNIVERSITY SCHOOL

EAST TENNESSEE STATE UNIVERSITY

## COVID MEDICAL RELEASE FOR RETURN TO ATHLETIC PARTICIPATION

This release is to certify that \_\_\_\_\_ has been examined due to testing positive for COVID-19.

Following an examination, it is my medical opinion that he/she:

\_\_\_ **May return to full participation in athletics immediately without restrictions.** \_\_\_\_\_  
Date

\_\_\_ **May return to participation in athletics after completion of COVID Return to Play Protocols.**

\_\_\_ **Is unable to return to participation in athletics until further notice.**

Follow-up appointment scheduled on: \_\_\_\_\_  
Date

\_\_\_\_\_  
Health Care Provider's Name (Print or Office Stamp)

\_\_\_\_\_  
Health Care Provider's Signature

\_\_\_\_\_  
Date