

KINGSTON CITY SCHOOL DISTRICT
KINGSTON HIGH SCHOOL
OFFICE OF ATHLETICS, PHYSICAL EDUCATION & HEALTH
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Dr. Paul J. Padalino
Superintendent of Schools

Rich Silverstein
Director of PE, Health, Athletics, Nurses & FACS
Walter Woodley MD
Medical Director

Return to Athletics Post-COVID

The following student (name) _____ is under my care, and has been tested for COVID-19 on (date)_____.

Test Result:

- Negative
- Positive
- COVID-19 Testing not warranted at this time

If positive, please select illness severity:

- Asymptomatic
- Mild symptoms, no hospitalization
 - Symptoms resolved <1 week
 - Symptoms resolved 1-3 weeks
 - Symptoms resolved 3+ weeks
- Severe symptoms, hospitalization
Length of hospitalization_____
 - Symptoms resolved <3 weeks
 - Symptoms resolved 3-6 weeks
 - Symptoms resolved 6 weeks – 3 months
 - Symptoms resolved 3+ months

Does this student have any clinical cardiac signs and symptoms related to COVID-19?

- Yes
- No

Did student receive specialized care (cardiac, pulmonary, nephrology, etc)?

Please check the following:

- This student has clearance to participate in athletics, without restriction.

Healthcare Provider Signature: _____ **Date:** _____