



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