



**Bill C. Spurlock**  
Director of Schools

## **Rutherford County Board of Education**

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### **Return to Athletic Play or Practice after a Positive Test for Covid 19**

Student's Name \_\_\_\_\_

Date of Test or onset of symptoms \_\_\_\_\_

Date Quarantine Ends \_\_\_\_\_

Student has been examined for cardiopulmonary considerations due to Covid 19 and is symptom free.

\_\_\_ Student may return to play.

\_\_\_ Student may return to play but a gradual return to play is recommended.

**Please attach any specific information or plan that will help guide this student to a safe return to play, including a specific return to play plan if needed.**

Physician's Name (Printed) \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

***Student must complete quarantine period, be symptom free for 24 hours, and have a medical release signed by the student's health care provider before they can return to play or practice.***

**\*\*This form is required for students to return to athletics but is not required for return to school.**