
COVID-19 RETURN TO ACTIVITY

Participant's Name: _____ Expedition Number: _____

Date of Birth: _____

The Summit Bechtel Reserve recognizes that some patients who have had a severe case of COVID-19 may continue to have symptoms many months after the infection. The Summit requires that anyone who has been hospitalized for COVID-19 since the beginning of the pandemic be cleared by their primary care provider before traveling to the Summit.

Participant:

I understand the strenuous nature of most Summit experiences and that in the 6 weeks prior to my experience I have not experienced any of the following symptoms that could indicate continued complications of COVID-19 illness:

- Chest pain especially with exertion or worse when laying down.
- Shortness of breath.
- Palpitations (heart beating funny)
- Dizziness/fainting
- Ongoing fatigue

Date of positive COVID-19 test _____ Hospitalized? Yes No

Any continuing symptoms or limitations:

Participant's Signature: _____ Date: _____

Examiner's Certification:

I certify that I have reviewed the information above with my patient and find no medical reason that the patient cannot participate in the following strenuous activities:

- Hiking and camping in terrain up to 2,500 feet.
- Hiking up to 10 miles a day
- Carrying backpack weighing 30% of body weight (some programs)
- Locations where medical care may be 30 or more minutes away.

Examiner's Signature: _____ Date: _____

Examiner's Printed Name: _____

Address: _____

City _____ State: _____ Zip: _____

Office Phone: _____