Our knowledge of COVID-19 infections is rapidly changing and the effects in the pediatric population are largely unknown.

In the adult population, COVID-19 infections appear to affect the heart at a higher rate than other viruses, while in the pediatric population, the virus can cause multi-system inflammatory syndrome (MIS-C) involving the heart.

Due to the lack of evidence for cardiac injury from COVID-19 infections in the pediatric population and the low number of pediatric cases, recommendations are made from expert opinion from the sports medicine, infectious disease and cardiology departments and are subject to change.

The process in the right column is intended for COVID-19 positive patients and those who have presumed positive infections. Growing athletes must be asymptomatic (no fever equal to or higher than 100.4 degrees for 24 hours without fever-reducing medications, resolution of symptoms such as cough, shortness of breath, sore throat, etc.); AND be at least 10 days since the initial onset of their symptoms; OR have been asymptomatic throughout the entire 14 days of quarantine.

Cardiac Screening for Pediatric Athlete with Suspected or Confirmed COVID-19 Infection


*Cardiac symptoms include: shortness of breath, shortness of breath with activity, chest pain, palpitations, fatigue, decreased exercise performance or tolerance.