

**Supplemental Digital File A**

**STANDARDIZED CLINICAL ASSESSMENT OF AN ATHLETE WITH  
ACUTE RESPIRATORY INFECTION**

**SYMPTOM ASSESSMENT AND PHYSICAL EXAMINATION FORM**

**FIRST ASSESSMENT**

Date:

Name of participant:

Age:

Sporting code:

Sex: Male Female

**ACUTE PHASE ONSET AND TESTING**

Date onset of symptoms:

COVID-19 / Other Pathogen Test No Yes If yes specify date:

Laboratory test: None PCR Antigen Antibodies

Pathogen identified: No Yes If yes specify:

Have you started training again? No Yes If yes, specify date:

Recent illness (COVID-19 / other infection excluded)? No Yes If yes, specify date:

Recent injury? No Yes If yes, specify date:

If yes to recent illness or injury then describe illness injury:

**MEDICATION USE IN ACUTE PHASE:**

- Antibiotics No Yes Specify:
- Antivirals No Yes Specify:
- Nose sprays No Yes Specify:
- Throat sprays No Yes Specify:
- Pain medication No Yes Specify:
- Fever medication No Yes Specify:
- Cough syrup/medication No Yes Specify:

- Inhalers for chest tightness No Yes Specify:
- Decongestants No Yes Specify:
- Anti-nausea medication No Yes Specify:
- Anti-diarrhoea medication No Yes Specify:
- Abdominal cramps medication No Yes Specify:
- Mucolytics No Yes Specify:
- Anticoagulants No Yes Specify:
- Vitamins No Yes Specify:
- Immune boosters No Yes Specify:
- Supplement No Yes Specify:
- Probiotics No Yes Specify:
- Other No Yes Specify:

### **ACUTE PHASE SYMPTOMS (similar to REDCAP)**

#### **Nose and throat**

- Sore/scratchy throat No Yes
- Hoarseness No Yes
- Blocked/plugged nose No Yes
- Runny nose No Yes
- Sinus pressure No Yes
- Sneezing No Yes
- Altered/loss of smell No Yes
- Altered/loss of taste No Yes

**Total number of nose and throat symptoms:**

#### **Chest and neck**

- Dry cough No Yes
- Wet cough i.e. sputum/mucous No Yes
- Difficulty in breathing (dyspnoea) No Yes

- Fast breathing or shortness of breath (tachypnea) No Yes
- Chest pain/discomfort/pressure No Yes
- Chest tightness/wheezing No Yes
- Headache No Yes
- Red, watery eye No Yes

**Total number of chest and neck symptoms:**

### **Whole body/systemic**

- Fever No Yes
- Chills No Yes
- Excessive tiredness No Yes
- Myalgia No Yes
- Skin rash/discolouration tips fingers or toes No Yes
- Abdominal (stomach) pain No Yes
- Nausea No Yes
- Vomiting No Yes
- Diarrhoea No Yes
- Loss of appetite No Yes

**Total number of whole body:**

**Total number of acute phase symptoms (nose/throat + chest/neck + whole body) :**

### **Residual symptoms (currently present):**

#### **Nose and throat**

- Sore/scratchy throat No Yes
- Hoarseness No Yes
- Blocked/plugged nose No Yes
- Runny nose No Yes
- Sinus pressure No Yes
- Sneezing No Yes
- Altered/loss of smell No Yes

- Altered/loss of taste No Yes

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### **Additional physician notes:**

## **GENERAL MEDICAL EXAMINATION BY ORGAN SYSTEM**

### **Vital Physical Signs**

- Blood pressure
- Pulse Regular Irregular
- Respiratory rate

- Temp (right tympanic)
- Oxygen saturation (%)

### General physical signs

- Cyanosis Absent Present
- Pallor Absent Present
- Clubbing Absent Present
- Jaundice Absent Present
- Pedal Oedema Absent Present
- Respiratory distress Absent Present

### Cardiovascular System

- Rhythm Normal Abnormal Specify:
- Apex beat Normal Abnormal
- Thrills Absent Present
- Murmurs Absent Present
- If present: Murmur grade 1 2 3 4 5 6

*Grade I: faintest murmur (softer than S1 and S2); Grade II: faint murmur but has the same intensity as S1 and S2; Grade III: louder than S1 and S2 without a palpable thrill; Grade IV: loud and associated with a palpable thrill; Grade V: very loud with a thrill; Grade VI: loudest (can be heard without a stethoscope)*

- Murmur type Diastolic Systolic
- Elevated JVP Absent Present
- DVT No Yes

### ***Myocarditis/pericarditis checklist:***

- Pericardial rub No Yes
- Chest pain No Yes
- Short of breath (prominent when lying down in pericarditis) No Yes
- Ankle oedema No Yes
- Pulmonary oedema No Yes
- Tachycardia No Yes
- Arrhythmias No Yes

- Fatigue    No Yes
- Dysphagia (pericarditis)    No Yes

### **Respiratory System**

- Chest wall    Normal Abnormal Specify:
- Breathing sounds    Normal Abnormal Specify:

### **Abdominal**

- Organomegaly    No Yes Specify:
- Tenderness    No Yes Specify:

### **Neurological**

- Neck stiffness    No Yes
- Power    Deferred Normal Abnormal Specify:
- Sensation    Deferred Normal Abnormal Specify:
- Reflexes    Deferred Normal Abnormal Specify:
- Balance    Deferred Normal Abnormal Specify:

### ***Meningitis checklist***

- Headache    No Yes
- Nausea/vomiting    No Yes
- Neck stiffness    No Yes
- Photophobia    No Yes
- Confusion/difficulty to concentrate    No Yes
- Speech disturbances    No Yes
- Behavioural changes    No Yes
- Meningococcal skin rash    No Yes

### **Dermatological**

- General skin    Deferred Normal Abnormal Specify:

### **Eye**

- R conjunctivitis    No Yes
- L conjunctivitis    No Yes

Pupil reaction Normal Abnormal

### **Ear**

R Auditory meatus Normal Abnormal Specify:

L Auditory meatus Normal Abnormal Specify:

R Tympanic membrane Normal Abnormal Specify:

L Tympanic membrane Normal Abnormal Specify:

### **Nose and sinuses**

R Nostrils Normal Abnormal Specify:

L Nostrils Normal Abnormal Specify:

Septum Normal Abnormal Specify:

R sinuses Normal Abnormal Specify:

L sinuses Normal Abnormal Specify:

### **Oral cavity and throat**

Palate Normal Abnormal Specify:

Uvula Normal Abnormal Specify:

R tonsillar area Normal Abnormal Specify:

L Tonsillar area Normal Abnormal Specify:

Posterior pharyngeal wall Normal Abnormal Specify:

### **Thyroid**

Thyroid palpation Normal Abnormal Specify:

### **Lymph nodes**

R Cervical Non-palpable Palpable Non-tender Tender

L Cervical Non-palpable Palpable Non-tender Tender

R Axilla Non-palpable Palpable Non-tender Tender

L Axilla Non-palpable Palpable Non-tender Tender

R Groin Non-palpable Palpable Non-tender Tender

L Groin Non-palpable Palpable Non-tender Tender

### **Additional clinical notes**

## **Medication prescribed**

### **Special investigations**

#### **Blood tests**

- FBC
- CRP
- UKE
- CK
- Trop T
- AST
- ALT
- COVID-19 Antibodies

**Imaging**   No   Yes Specify:

#### **Exercise advise**

- No exercise
- Return to training: Date

**Follow up consult appointment: Date**