Supplemental Table 1. Definitions for Abnormal Cardiovascular Studies Possibly Related to SARS-CoV-2 Infection

Cardiovascular Test	**Abnormal- possibly related to SARS-CoV-2 infection**
Electrocardiogram (ECG)	Abnormal by one of the following*: 1) Abnormal TWI 2) Pathologic Q waves 3) Abnormal ST-depressions 4) ≥2 PVCs 5) Complete LBBB 6) QRS≥140ms 7) 3rd degree AV block 8) Atrial tachyarrhythmias 9) Ventricular tachyarrhythmias 10) Complete RBBB combined with axis deviation or atrial enlargement 11) Diffuse ST elevations or PR depressions
Transthoracic Echocardiogram (TTE)	1) LVEF <50% 2) Regional wall motion abnormality 3) Small or greater pericardial effusion 4) Focal thickening suggestive of edema 5) Intracavitary thrombi 6) Diastolic dysfunction† 7) Global longitudinal strain < -16%

AV= atrioventricular, LBBB= left bundle branch block, LVEF= left ventricular ejection fraction, PVC=pre-ventricular contraction RBBB= right bundle branch block, TWI= T-wave inversion, VSD= ventricular septal defect

*Adapted per the International Criteria for ECG Interpretation in Athletes

†Diastolic dysfunction defined as peak trans-mitral E-wave velocity < peak trans-mitral A-wave velocity and/or lateral mitral annular pulse-wave peak tissue velocity of <10 cm/s

Supplemental Table 2. Prevalence of SARS-CoV-2 Cardiac Involvement by Exertional Cardiopulmonary Symptom Type

Exertional Symptom Group	**Possible, Probable or Definite (7/44, 15.9%)**	**Probable or Definite (5/44, 11.4%)**
SOB Only	1/13 (7.7%)	0/13 (0%)
Multiple Symptoms w/ Chest Pain	2/13 (15.4%)	1/13 (7.7%)
Chest Pain Only	4/11 (36.4%)	4/11 (36.4%)
Multiple Symptoms w/o Chest Pain	0/4 (0%)	0/4 (0%)
Exercise Intolerance/Fatigue	0/2 (0%)	0/2 (0%)
Palpitations/Tachycardia	0/1 (0%)	0/1 (0%)
Any Chest Pain	6/24 (25%)	5/24 (20.8%)
Any SOB	2/25 (8%)	1/25 (4.0%)
Any Chest Pain + SOB	2/12 (16.7%)	1/12 (8.3%)

Athletes with SARS-CoV-2 Cardiac involvement included the following: Definite pericardial (3), Definite myopericardial (1), Probable myopericardial (1), Possible myocardial (2)

Supplemental Figure Legends

Supplemental Figure 1. Results from Advanced Diagnostic Testing for Athletes with Isolated Persistent Symptoms
CMR= cardiac magnetic resonance imaging, Coronary CTA= coronary computed tomography angiography, CPET= cardiopulmonary exercise testing, CT-PE= computed tomography pulmonary embolism protocol, CXR= chest x-ray.
*All athletes with both persistent and exertional cardiopulmonary symptoms on return to exercise (n=8) are included in Figure 4 in the manuscript. This included 2 athletes with advanced diagnostic testing, which included 1 normal CMR and 1 abnormal CXR. Therefore, there are only 36/44 (81.8%) athletes presented in the Persistent Symptoms Group in this figure.

Supplemental Figure 2. Overview of Diagnostic Testing Performed and New Diagnoses of SARS-CoV-2 Associated Clinical Sequelae Stratified by Exertional Symptom Type

BNP= brain natriuretic peptide CBC= complete blood count, CMP= comprehensive metabolic panel, CMR= cardiac magnetic resonance imaging, Coronary CTA= coronary computed tomography angiography, CPET= cardiopulmonary exercise testing, CT-PE= computed tomography pulmonary embolism protocol, CXR= chest x-ray, ECG= electrocardiogram, PFTs= pulmonary function tests, TTE= transthoracic echocardiogram