

COVID Clearance form

Student's Name: _____ Date of Birth: _____

Date: _____

Dear Parent / Guardian:

Your child was seen in the nurses' office and was sent home due to illness. Some of the symptoms they exhibited could be consistent with a COVID-19 infection. The items circled below were noted on presentation today:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Your child cannot return to school unless the bottom of this form is filled out, signed, and stamped by your private physician or a parent completes the attestation. It must be returned to the school for review and approved PRIOR to sending your child to school.

To be completed by your private Physician:

Date of Examination: _____ Student's Diagnosis: _____

Please fill in / circle all applicable items:

Date of COVID Swab: _____ COVID test results: Negative Positive

A COVID swab is not mandatory if the diagnosis of a known chronic condition with unchanged symptoms, or a confirmed acute illness (examples: laboratory-confirmed influenza, strep-throat) AND COVID-19 is not suspected. A note signed by the HCP explaining the alternate diagnosis is required before the student will be allowed to return to school. They may return to school according to the usual guidelines for that diagnosis. Note: a signed HCP note documenting unconfirmed acute illnesses, such as viral upper respiratory illness (URI) or viral gastroenteritis, will not suffice. (Attach documentation to this form)

Date: _____ Physician Signature: _____ Physician Stamp

Home testing option:

If a rapid COVID home test is utilized please submit a picture of the test result also indicating the child's name, date of birth, and the date to test was performed, and the brand name of the test along with this form. It is recommended that a home test be repeated in 36 hours.

If COVID Negative: I attest that my child's symptoms are improving AND are they fever-free for at least 24 hours without the use of fever reducing medicines.

If COVID Positive: I attest that my child's symptoms are improving. At least five days has passed since the onset of their symptoms AND are they fever-free for at least 24 hours without the use of fever reducing medicines.

Parent: Print and sign Date: _____