

MEDICAL PROVIDER CLEARANCE TO RETURN TO SCHOOL

Student Name: _____ DOB: _____

School Name/Program: _____

This student has had a negative COVID-19 test result on _____ and a medical evaluation and is able to return to school on _____.

This student has had a positive COVID-19 test result on _____ and cannot return to school until cleared by their local health department after completion of isolation.

This student has had a medical evaluation and was diagnosed with a known chronic condition OR with a confirmed acute illness (ex., laboratory-confirmed influenza, strep throat) of _____ and is able to return to school on _____.

Note: unconfirmed acute illness, such as viral upper respiratory illness or viral gastroenteritis will not suffice.

This student is awaiting COVID-19 test results and cannot return to school until further documentation is provided by this practice or the local health department.

Additional notes: _____

Physician Name: _____

Physician/ Practice Address: _____

Signature: _____ Date: _____

Per the NYSDOH COVID-19 Pre-K to G 12 COVID-19 Toolkit children excluded from school for COVID-like symptoms can return to school when any of the following apply: a) they have a medical evaluation and a negative COVID test; b) they have a medical evaluation and a diagnosis of a known chronic condition with unchanged symptoms OR a confirmed acute illness; or c) they have a positive COVID-19 test and have completed their isolation period and been released by their local health department.

COVID-19 diagnostic testing includes molecular (e.g. PCR) or antigen testing for SARS-CoV-2. Diagnostic testing may be performed with an NP swab, nasal swab, or saliva sample, as ordered by the health care provider and per laboratory specifications. If there is a high suspicion of COVID-19 based on symptoms or circumstances a negative antigen test may need to be followed with a more sensitive molecular test.