

**MEDICAL PROVIDER CLEARANCE TO RETURN TO SCHOOL**

**Please have your medical provider sign this document and return it to the school nurse BEFORE sending your child back to school**

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Date sent home: \_\_\_\_\_

This child has presented to the School Nurse with the following symptoms that are consistent with COVID-19

Fever of \_\_\_\_\_ Time: \_\_\_\_\_ Cough \_\_\_\_\_ Shortness of breath or difficulty breathing \_\_\_\_\_ Fatigue/Tired \_\_\_\_\_

Muscle/Body Aches \_\_\_\_\_ Headache \_\_\_\_\_ New loss of taste or smell \_\_\_\_\_ Sore throat \_\_\_\_\_ Congestion or runny nose \_\_\_\_\_

Nausea/vomiting/Diarrhea \_\_\_\_\_ Other: \_\_\_\_\_

**Returning to School after Illness**

Schools must follow CDC, NYSDOH and Local Health Departments for "Return to School" guidance.

Dear Medical Provider,

Please indicate your diagnosis for this child who was sent home from school with *possible* COVID-19 symptoms.

Diagnosis \_\_\_\_\_

COVID test ordered

COVID test not ordered

This child was **tested/not tested** for COVID-19 and may return to school on \_\_\_\_\_.

Date

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Additional comments Including COVID-19 test results \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Per NYSDOH Interim Guidance for in-person instruction at Pre-k to grade 12 schools during the COVID-19 public health emergency, page 3.

This return to school protocol shall include, **at minimum**, documentation from a health care provider following evaluation, negative COVID-19 diagnostic test result, and symptom resolution, or if COVID-19 positive, release from isolation.