

Date:

Time:

Patient:

*Instructions to Health Care Provider: Please check the appropriate area in **both** the TESTING and ELIGIBLE TO RETURN TO SCHOOL sections. HCP signature, name and contact info (bottom of form) must be filled out completely for this form to be considered valid.*

I have screened this patient for Covid-19 in order to assess their ability to return to school. They do not, to my knowledge, have a known exposure.

Testing

☐ I can affirm with a reasonable degree of certainty that this patient **does not require a test** for Covid-19 as the probability of them currently having Covid-19 is extremely low.

☐ This patient, under my supervision, resulted a **negative Covid-19** test which I believe is very likely an accurate result that allows for a safe return to school.

Eligible to return to school?

☐ **NO.** I have screened this patient for Covid-19 in order to assess their ability to return to school. I cannot affirm with a reasonable degree of certainty that the patient is not infected with Covid-19. They should not return to school and they should follow school policy regarding quarantine at home.

☐ **SOON.** They will be safe to return to school 24 hours after current symptoms subside (e.g. afebrile for 24 hours without use of fever reducing medications). Please list current symptoms below under 'Additional comments and special instructions.'

☐ **YES.** They are safe to return to school immediately, even in the presence of symptoms, because the symptoms are chronic in nature and the probability of them currently having Covid-19 is extremely low.

Additional comments and special instructions:

Signed:

Printed name, name of practice:

Contact info: