

SAMPLE Return to School Attestation TEMPLATE

Patient Name: _____ Patient Date of Birth: _____

In response to a positive screening for COVID-19 symptoms on <date of screen>, <Patient Name> was evaluated by the provider signing below on <date of evaluation>.

Category A:

This patient was tested for COVID-19 infection on <date of test>, the results of which are negative.

This patient is cleared to return to school when fever free without fever reducing medications for over 24 hours and symptoms improving.

Category B:

This patient has a **confirmed acute condition constituting an alternate diagnosis AND** COVID-19 is not suspected as described here: <diagnosis >

(e.g., laboratory-confirmed influenza or strep throat, or post-concussive headache due to head injury)

This patient is cleared to return to school when fever free without fever reducing medications for over 24 hours and symptoms improving.

Note: a signed HCP note documenting unconfirmed acute illnesses, such as viral upper respiratory illness (URI), otitis media, bronchitis, sinusitis, pneumonia or viral gastroenteritis, or notation of "well child" will not suffice.

Category C:

The patient has a chronic medical condition, <diagnosis>, characterized by <defined symptoms> without new or worsening symptoms **AND** COVID-19 is not suspected.

The patient is cleared for return to school and should have this chronic medical condition noted in their school health form.

Sincerely,

Signature

Date

Printed Name of Provider