To Whom It May Concern:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**was seen and evaluated in our office on \_\_\_\_\_\_\_\_\_\_.

* He / She has an alternative diagnosis other than COVID-19. May return to school once improvement of baseline symptoms and at least 24 hours without fever (without the use of fever reducing medications).
* He / She has a negative COVID-19 test, no contact or potential exposure to COVID-19, and may return to school once improvement of baseline symptoms and at least 24 hours without fever (without the use of fever reducing medications).
* He / She has a pending COVID-19 test and may not return until results are obtained and appropriate return to school plan is made based on those results.
* He / She has a positive COVID – 19 test, will need to home isolate at least 10 days since symptoms first appeared on **\_\_\_\_\_\_\_\_\_\_** and at least 24 hours without fever (without the use of fever reducing medications).
* He / She has a negative COVID-19 test but will need to complete the 14 day quarantine due to close contact with a person with confirmed COVID-19.
* He / She has a negative COVID-19 test but lives with an individual who has tested positive. He / She will need to quarantine for 10 days from the first date that the individual’s symptoms first appeared on **\_\_\_\_\_\_\_\_\_\_** and then 14 days after that date. The student will be quarantined until **\_\_\_\_\_\_\_\_\_\_**.

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student may return to school on this date: **\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature Phone

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Printed Name