**DOCTOR’S NOTE**

**Re: RETURN TO SCHOOL DURING COVID-19 PANDEMIC**

**(TO ASSIST PUBLIC HEALTH AUTHORITIES TO DETERMINE IF THE PATIENT CAN RETURN TO SCHOOL WITHOUT NECESSITY OF A FULL ISOLATION/QUARANTINE)**

Dear School Personnel:

I am a licensed medical provider. On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(DATE) I saw

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (PATIENT NAME) and can confirm to the School that:

1. To the extent he/she had symptoms of COVID-19, they were caused by a condition other than COVID-19.
2. He/she does not have a respiratory or viral condition such as upper respiratory tract infection (URI), pneumonia, allergic rhinitis, seasonal allergies, pharyngitis without positive strep test, viral illness, etc.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (SIGNATURE)

Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_