

Re:

Dear school,

I have seen and evaluated _____, on _____, 20__ . Given the current symptoms of

_____ and the past medical history obtained, I do not feel that his/her symptoms are currently related to COVID-19 and is safe to return to class. I affirm that he/she does not have current symptoms or recent history of:

- New cough
- Difficulty breathing
- Loss of taste or smell
- Fever greater than or equal to 100.4 degrees

I assess his/her symptoms to be more consistent with another medical condition which I have diagnosed and have encouraged proper follow-up.

The student is cleared to return to school for the next 72 hours. Please contact our office with questions or concerns.

This clearance is only valid for the next 72 hours; any symptoms persisting longer or recurring after this time needs to be reevaluated.

Sincerely,

(Signature)

(Title)

(Practice Name)

(Phone number/contact information)