



Allendale Public Schools
Return to School Medical Clearance

Physician Stamp

Name: _____

DOB: _____

Grade _____

Date of symptom onset: _____

Last date attended school _____

Date of COVID test results (if applicable) _____

*Please select one (per CDC guidelines):

1. ___ Patient found to have another source of symptoms. Covid-19 testing was NOT done or recommended at this time. Patient is cleared to return to school 24 hours after a fever (>100.4) has resolved and other symptoms have also improved. Please list alternate diagnosis (i.e allergies) _____

2. ___ Patient had a NEGATIVE test for Covid-19 and may return to school at least 24 hours after a fever has resolved and other symptoms have improved.

3. ___ Patient had a POSITIVE test for Covid-19 and may not return to school until 14 days after the start of symptoms AND 24 hours after their fever has resolved and other symptoms have improved. (NJ DOH, CDC notified).

4. ___ Patient is asymptomatic but found to have a POSITIVE Covid-19 test, they must stay home for 14 days from the date of the test. If symptoms develop during these 14 days, the student must stay home for 24 hours after their fever resolves and other symptoms improve (NJ CDC notified).

5. ___ Patient has a known exposure (first degree) to someone with Covid-19 and must be quarantined for 14 days from the date of last exposure. Return to school is permitted once the 14 days have passed and the student remains asymptomatic.

Please select

Immediate household contact School/childcare contact Community contact

Unknown contact

Date of exposure to the positive case _____

MD Signature _____

Date _____