

# Princeton Charter School

## MEDICAL CLEARANCE FOR COVID-19 RETURN TO SCHOOL

Patient Name \_\_\_\_\_ Date of Evaluation \_\_\_\_\_

This patient **MAY** return to school/childcare based on the following assessment (must choose 1-3 below):

1 - **ALL** of the following are true - It is at least **10 days since the onset of symptoms AND** patient is fever free off anti-fever medications for 24 hours **AND** symptoms are improving.

OR

2 - COVID19 test **NEGATIVE - AND** patient is fever free off anti-fever medications for 24 hours **AND** symptoms are improving.

OR

3 - COVID19 test **NOT DONE - AND** patient is fever free off anti-fever medications for 24 hours **AND** symptoms are improving **AND** patient has the following **alternate diagnosis – must indicate below**:

Exacerbation of chronic underlying illness(i.e. asthma, inflammatory bowel disease, rheumatologic disorder, etc.)

Specify: \_\_\_\_\_

Streptococcal Pharyngitis with documented test positive AND classic presentation including prominent findings on examination- on antibiotics x 24 hrs (fever, tender anterior cervical adenopathy, tonsillar swelling or exudate, absence of cough)

Classic presentation of pediatric viral illness **WITH** prominent pathognomonic rash on examination ( i.e. Coxsackievirus, Parvovirus, Roseola)

Specify: \_\_\_\_\_

Other\*:

Specify: \_\_\_\_\_

**\*NOTE** - Other alternate diagnoses such as **non-specific viral syndrome, upper respiratory infection**, symptoms (i.e. cough, fever, congestion, etc.), **sinusitis, will not be accepted** because they do not rule out the possibility of COVID19. Be especially careful to consider COVID19 co-infection with otitis media or influenza.

Cleared for sports – assessment as above  
(If confirmed Covid-19 infection, please follow Covid-19 Return to Play Guidance)

**NOT** Cleared for sports – reassess on \_\_\_\_\_

\_\_\_\_\_  
Provider Signature and Date

Office stamp
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