



LEVITTOWN PUBLIC SCHOOLS
Levittown Memorial Educational Center
150 Abbey Lane
Levittown, NY 11756



RETURN TO SCHOOL MEDICAL CLEARANCE

Student's Name: _____ D.O.B. _____ Grade: _____

Date Seen by Doctor: ____/____/____ Date of Symptoms Onset: ____/____/____

COVID TEST: Date of Test ____/____/____ Type of Test: PCR Antigen/Rapid

RESULTS: Not done Positive Negative Pending

The earliest this patient may return to school is ____/____/____

Please select one (per NEW YORK STATE Department of Health COVID Toolkit)

Student tested NEGATIVE for COVID-19 via a naso-pharyngeal PCR swab as stated above. Student has been fever free (without using fever-reducing medicine) for 72 hours and has felt well for 72 hours. The patient has been cleared by me to return to school.

Student presented to our office with symptoms that could be consistent with COVID-19 infection. Student was NOT TESTED for COVID-19. It has been at least 10 days since patient had symptoms. The student has been fever free (without using fever-reducing medicine) for 72 hours and has had improving symptoms for 72 hours. The student has been cleared by me to return to school.

Student has tested POSITIVE for COVID-19 via naso-pharyngeal PCR swab as stated above. It has been at least 10 days since the student first had symptoms. The student has been fever free (without using fever-reducing medicine) for at least 3 days and it has been at least 3 days since their symptoms improved including cough and shortness of breath. The patient has been cleared by me to return to school.

Student has been evaluated and diagnosed with _____ on ____/____/____. Patient has been fever-free, without the use of fever reducing medicines, and has felt well for 24 hours. The patient is cleared by me to return to school.

Health Care Provider's Name: _____ Date: ____/____/____

Health Care Provider's Signature: _____

Health Care Provider's Stamp:



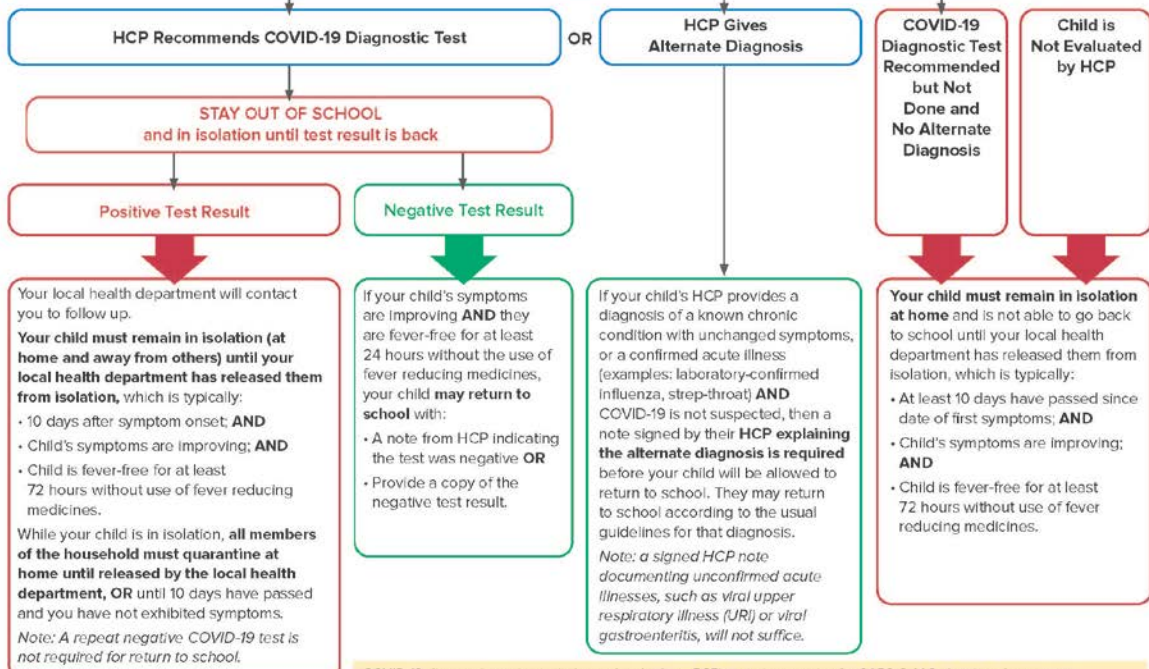
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New York State Department of Health (NYSDOH) Pre-K to Gr 12 COVID-19 Toolkit

My child has COVID-19 symptoms. When can they go back to school?

HEALTHCARE PROVIDER (HCP) EVALUATION FOR COVID-19 (can be in-person or by video/telephone as determined by HCP)



COVID-19 diagnostic testing includes molecular (e.g., PCR) or antigen testing for SARS-CoV-2, the virus that causes COVID-19. Diagnostic testing may be performed with a nasopharyngeal swab, nasal swab, or saliva sample, as ordered by the health care provider and per laboratory specifications. At times, a negative antigen test will need to be followed up with a confirmatory molecular test. Serology (antibody testing) cannot be used to rule in or out acute COVID-19.