



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 as stated above. Student has been fever free (without using fever-reducing medicine) for 24 hours and symptoms have improved. 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 symptoms have improved. The student has been cleared by me to return to school.

Student has tested **POSITIVE** for COVID-19 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 72 hours and it has been at least 72 hours since their symptoms improved. 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:** ____/____/____

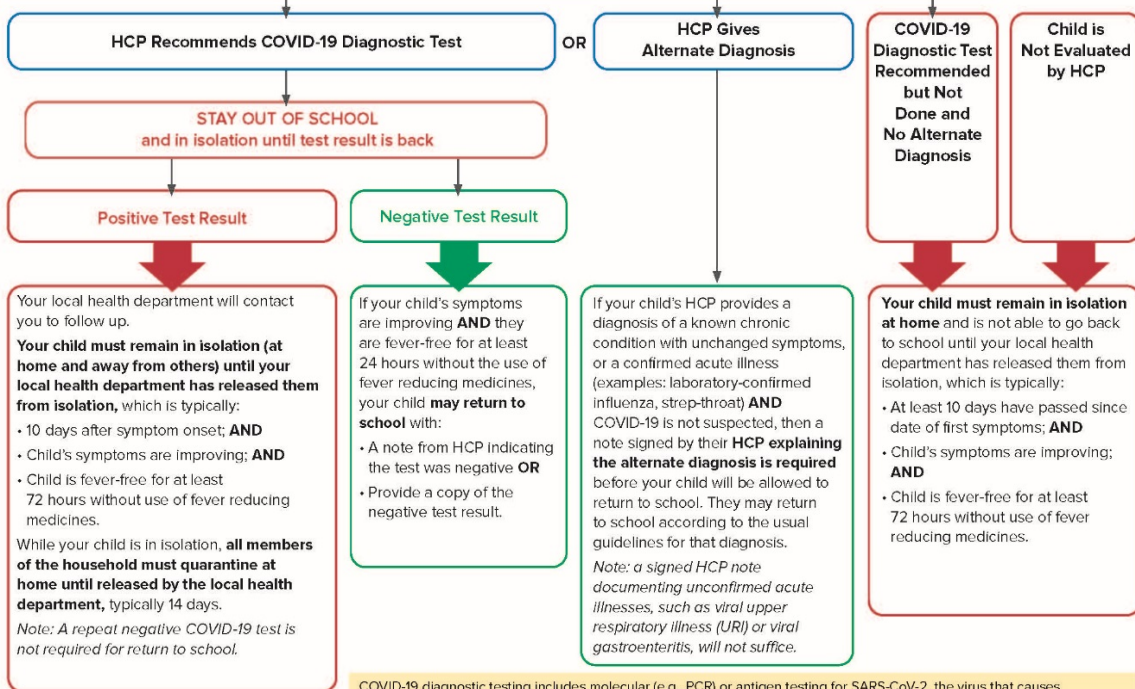
Health Care Provider's Signature: _____

Stamp:



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.