Protected Health Information
The information contained in this form is privileged and confidential and is intended for the use of public health representatives. If you are neither the intended recipient nor the employee nor agent responsible for utilizing this form/information, you are hereby notified that any disclosure, copying, or distribution of this information is strictly prohibited. If you received this form in error, please immediately notify us by telephone to arrange for the return of the original document to us at 732-341-9700.

Template return to school

Student Name: ______________________________DOB_____________

Last day present in school____________________________

Date returning to school_____________________________

1. Has your child been fever free for 24 hours without the use of fever-reducing medication (Tylenol/Motrin)?

YES___ NO___

2. Did your child see a doctor or healthcare provider?

YES ___ NO___

3. Were there any test results (including any pending results)?

COVID PCR______ Antigen_______FLU_______STREP_____

4. Is your child on antibiotic? YES___ NO___

If, so have they been on it for 24 hours?

YES___ NO____

5. Has there been a significant improvement in symptoms?

YES___ NO____

6. Has any member of your household had a positive COVID test in the last 2 weeks?

*YES___ NO___

If *YES, see below

7. Does a member of your household have a COVID test pending?

*YES____NO_____

If *YES, see below

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*If household contact's test is positive then your child must quarantine for 14 days from the last day of isolation with the COVID-19 positive household member.

Parent/ Guardian: ___________________________Date__________

____The below should be filled out by your PCP:

Date of MD visit___________________

Name________________________ may return to school.

Diagnosis____

Test results

COVID-19 PCR_______Antigen_______FLU______STREP________

Treatment Plan_______________________________________

MD Signature_______________________________Date_______

Office Stamp______________________________