



Clearance to Return After Illness Form

At the Beth El Early Learning Center, all family and staff are screened daily for the presence of COVID-like symptoms including fever, sore throat, shortness of breath, cough, muscle aches, loss of taste and smell, runny nose, chills, headache, abdominal pain, vomiting, diarrhea, and lethargy.

The presence of these symptoms is presumed to indicate the possible presence of COVID-19. The symptomatic household must remain out of school for an exclusion period of at least 10 days unless the household provides clearance to return from their medical provider.

FOR USE BY MEDICAL PROVIDER (Please check one of the following. You may check both if there is an acceptable alternative diagnosis and a COVID-19 PCR test was also administered):

Patient's Name: _____

_____ Alternate Diagnosis:

I have diagnosed the patient with a non-COVID illness or condition which causes the symptoms described above. The patient **does not** have COVID-19. The patient may return to school subject to the recommendations of their doctor based on their specific diagnosis. Acceptable conditions include: urinary tract infection, skin conditions (such as eczema, molloscum, cellulitis, insect bites, etc.), swimmer's ear, and constipation.

*Please note, because co-infections are common, the Beth El Early Learning Center **DOES NOT** accept the following conditions without a COVID-19 PCR test showing negative results: allergic rhinitis, upper respiratory infection, viral syndrome, viral exanthem, ear infection, sinusitis, conjunctivitis, gastroenteritis, pneumonia, strep, and flu.*

_____ Negative COVID-19 test (If an acceptable alternative diagnosis was not established and a COVID-19 PCR test was administered by your medical practice. If test was administered at an alternative site, parents are responsible for sharing that documentation with the Beth El Early Learning Center prior to the child returning to school.)

The patient was symptomatic and tested negative for COVID-19 using a PCR test for SARS-CoV-2. Alternatively, medical offices or parents can email or fax results to the school office.

I understand the Beth El Early Learning Center will rely on my statement to allow the patient to enter and attend school.

Medical Provider's Name: _____

Practice Name: _____

Phone Number: _____

Signature: _____

Date: _____