



HAUPPAUGE PUBLIC SCHOOLS  
495 Hoffman Lane  
P.O. Bx 6006  
Hauppauge, NY 11788

## Return to School Clearance

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

### **Requirements to return to school for individuals displaying symptoms of COVID-19:**

The NYS Department of Health (NYSDOH) provides that all schools require a **negative PCR** result for people with new or worsening symptoms of COVID-19 to return to school. At this time, a **negative rapid test is not an acceptable result.**

\_\_\_\_\_ Patient tested **NEGATIVE** for COVID-19 via a naso-pharyngeal PCR swab

\_\_\_\_\_ Patient has symptoms that are attributable to pre-existing medical conditions (e.g., migraines, allergies) and are not new or worsening.

\_\_\_\_\_ Patient has been diagnosed with a known chronic condition with unchanged symptoms (e.g., asthma, diabetes).

\_\_\_\_\_ Patient was diagnosed with a confirmed acute illness (e.g., **laboratory-confirmed** influenza, strep-throat). **Unconfirmed acute illnesses, such as viral upper respiratory illness (cold) or viral gastroenteritis will not suffice.**

**\*\*In all cases, the note from the HCP must also indicate that COVID-19 is not suspected.**

**Physician signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please stamp:**