Return to School Note for Providers

Note: Completion of this form does not guarantee return to school. No test result or alternate diagnosis can end a case's isolation or a contact's quarantine period early. CDPHE guidance for Return to Learn varies based on Dial Phase. Discuss with your school and provider what is needed for return to school after illness.

Identifying Information

Student / Staff Name _____   Student / Staff DOB ____/____/_____

Please select all that apply:

[ ] Negative RT-PCR SARS-CoV-2 test   Date test performed: ____/____/_____

[ ] I have examined (in clinic or via telehealth) the student/staff listed above on ____/____/_____ and identified **an alternate diagnosis or diagnoses** that reasonably explain(s) **all** of his/her COVID-like symptoms.

Provider Signature _____   Date ____/____/_____

Provider Name _____   Clinic Contact Number (____) ____ - _____