



PINGRY
EXCELLENCE & HONOR

Coronavirus – COVID-19 Clearance Form

Student Name: _____ Date of Birth: _____

Dear Provider,

You are receiving this medical clearance for _____ who was diagnosed with or presumed to have COVID-19. This was reported after the annual physical examination date resulting in the need for additional medical clearance.

Thank you,

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_____ has fully recovered from Coronavirus – COVID-19^{1,2}, and is fully cleared to return to school and participate in all activities (without restrictions).

Date of Clearance: _____

Physician Name (print): _____

Physician Signature: _____

Physician Address: _____

Physician Phone Number: _____

¹10 days since positive testing with/without symptoms or date from symptoms first appearance; at least 24 hours with no fever without fever-reducing medication; symptoms have improved

² <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/isolation.html>