



**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<sup>1,2</sup>, 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: \_\_\_\_\_

<sup>1</sup>10 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

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