



_____ (child's name) was seen by me on

_____ (date) for the following condition:

_____ (diagnosis)

This diagnosis is baseline for the child: _____ No _____ Yes

COVID test was recommended and completed? _____ No _____ Yes

COVID symptoms include: Fever, cough, shortness of breath, sore throat, loss of sense of taste or smell, headache, body aches, chills, diarrhea, nausea/vomiting, new onset runny nose/congestion, fatigue

COVID Test Results: _____ Date Tested: _____

The child may return to daycare on _____ (date). I have deemed this diagnosis as not contagious to other's at the time of return to daycare and the child's symptoms are resolving or are at baseline. The child either does not require COVID testing, has tested negative for COVID at this time, or has tested positive for COVID and is cleared for return after quarantine and symptom improvement.

_____ (MD signature)

_____ (date)

_____ (physician stamp)