



## COVID-19 Symptoms: Return to School

### Pre-existing Health Condition or Alternative Diagnosis Confirmation

The patient named below is exhibiting symptoms that may be consistent with COVID-19 Infection. As a licensed health care provider, you can determine that your patient's symptoms are not new, or worsening based on a chronic medical condition. If this is the case, we ask that you complete the form below stating your patient has a chronic condition and indicate the symptoms that it may be causing. In addition, as a licensed health care provider, you may make a diagnosis based on a diagnostic test, such as a positive strep screen or influenza screen, to explain your patient's symptoms.

**Patient's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**1. The above named patient has been diagnosed with the following chronic health condition:**

- 
- a. This patient may experience the following symptoms that are directly associated with the above listed diagnosis:
- 

**OR**

**2. The above named patient has been diagnosed with the following acute condition based on a diagnostic test:**

- 
- a. He/She may return to school as noted: \_\_\_\_\_

Provider's Name Printed: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider's Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

**Madera Unified School District may contact the provider listed to clarify the provided documentation.**