



**CHRISTIAN HERITAGE
ACADEMY**

RETURN TO SCHOOL FORM

Per the All School COVID-19 Sickness Protocol, any student sent home with a symptom of COVID-19 needs to have a note signed by a physician prior to return. Please have your medical provider (physician, nurse practitioner, physician's assistant) complete the area below in its entirety and email completed forms to nurse@christianheritage.org or fax to: (847) 446-5267.

Patient Name: _____

Date of birth: _____ Teacher: _____ Grade: _____

Diagnosis: _____

Date of Return to School: _____

I have assessed this patient and their symptoms are not related to COVID-19

This patient is diagnosed with COVID-19 either clinically or by laboratory findings, has completed the CDC requirements for quarantine and health, and is fit to return to school.

Additional Comments: _____

Physician's Signature: _____ Date: _____

Physician's Name (Printed): _____