

Elwood Union Free School District
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Superintendent of Schools

Return to School Clearance Form

Name _____ Grade _____ Date _____

_____ After examining this student, it is my judgement that this student does not require a COVID-19 test and has a definitive diagnosis of _____ and can return to school as of this date _____.

(*Please note that viral URI or viral gastroenteritis are not acceptable definitive diagnoses without a COVID-19 test)

_____ A COVID-19 test administered on _____ was negative. After examining this student it is my judgement that this student is able to return to school as of this date _____.

_____ A COVID-19 test administered on _____. The results are pending.
This student is unable to return to school until further notice.

_____ A COVID-19 test administered on _____ was positive.
This student is unable to return to school until further notice.

_____ A COVID-19 test administered on _____ was positive.
It has been at least 10 days since the student first had symptoms.
It has been at least 10 days since the date of a positive COVID-19 test.
It has been at least 3 days since the student has had a fever without fever reducing medication.
The majority of symptoms have substantially improved or resolved.
This student is able to return to school on _____.

Health Care Practitioner Signature _____ Date _____

Health Care Practitioner Stamp:

This completed form must be returned to the school nurse prior to this student returning to school or riding the school bus.

This completed form can be emailed to the school nurse or faxed to the Health Office