

Replace this text with your practice logo.

Re: Patient Name: _____

DOB: ____/____/____

To Whom It May Concern,

The above individual is cleared to return to work or school as of: ____/____/____. I do not recommend any additional testing for clearance to return to work or school.

Healthcare Provider's Full Signature

Healthcare Provider's Full Name Printed Out

ADDITIONAL NOTES FOR EMPLOYERS

An individual is cleared to return to work or school once they are able to perform essential job functions and do not pose a risk to others.

For COVID-19-related illness: If the individual had COVID-19, please note that the CDC and the CT Department of Public Health currently endorse the symptom-based strategy for discontinuing isolation after a COVID-19 illness.

An individual is no longer required to isolate once all of the following criteria are met:

- it is ≥ 10 days since symptoms first appeared or ≥ 10 days since collection date of a positive COVID-19 test result if individual has had no symptoms, AND
- it has been >24 hours since last fever (if any), AND
- symptoms, if any, are clearly improving, AND
- the individual does not currently have severe immunocompromised or illness.

Repeated COVID-19 lab testing is not indicated, available, or recommended, and should not be used to determine eligibility to return to work or school.