

*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  $\geq 10$  days since symptoms first appeared or  $\geq 10$  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.