



SAINT BRIDGET CATHOLIC SCHOOL

Building tradition through faith and learning!

_____ was seen on _____ at _____.
(Name of Patient) (Date) (Location / Name of Clinic)

In the context of this visit, testing for Covid-19 was performed.

Testing was performed for reasons of exclusion of a diagnosis of COVID-19. Therefore, it is my

medical opinion that the above-named patient should be allowed to return to class in

person in accordance with current school policy and does NOT have to be kept out of school

for suspicion of COVID-19.

Signature and Credentials of Provider

Date

Printed name of Provider



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VDH Algorithm for Evaluating a Child with COVID-19 Symptoms or Exposure (August 24, 2020) – followed by St. Bridget Catholic School

