

Fairfield Public Schools Fairfield, NJ 07004

COVID-19 Return to SCHOOL/WORK

**MEDICAL RELEASE/CLEARANCE FORM TREATING PHYSICIAN/LICENSED
HEALTH CARE PROVIDER (HCP)**

Clearance must be emailed to the school nurse prior to the return date

Adlai E. Stevenson School Nurse

Patricia Lozito – lozitopa@fpsk6.org

(O) 973-227-2120 ext. 2116 (F) 973-227-3676

Winston S. Churchill School Nurse

Donna Tabatneck – tabatneckd@fpsk6.org

(O) 973-227-2638 ext. 3113 (F) 973-227-8994

To the Fairfield Public Schools,

I have personally examined the patient _____, and he/she is
(Name of Patient)

free of communicable disease and the symptoms of the disease have ceased. The patient may
return to school/work on _____.

(Return Date)

Physician's/Licensed Health Care Provider's Stamp:

Physician's/Licensed HCP Signature: _____ Date: _____

**TREATING PHYSICIAN/LICENSED HEALTH CARE PROVIDER
FINAL MEDICAL RELEASE/CLEARANCE FORM**