

*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**

Elizabeth Fendler – [fendlere@fpsk6.org](mailto:fendlere@fpsk6.org)

Barbara Rominski – [rominskib@fpsk6.org](mailto:rominskib@fpsk6.org)

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

**Winston S. Churchill School Nurse**

Donna Tabatneck – [tabatneckd@fpsk6.org](mailto: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**