

Early Childhood Department Clinical Evaluation Form



In an effort to maintain a healthy environment, this form is required for any child infected by a contagious disease or exhibiting symptoms attributed to Coronavirus to return to preschool.

The child listed below was experiencing the following symptoms _____

Child's Name _____ Date of Visit _____

This child has been seen in my office today and received the following diagnosis (optional):

Please mark one of the following:

- This child has not experienced symptoms of COVID-19.
- This child is exhibiting symptoms for which a non-COVID source was identified.
- This child is exhibiting symptoms that could be related to COVID-19. *

Please mark one of the following:

- TESTING WAS NOT INDICATED – this child was NOT TESTED.
- This child tested POSITIVE for COVID-19.
- This child tested NEGATIVE for COVID-19.

*If a child is exhibiting symptoms that could be related to COVID-19 and a non-COVID source / alternate diagnosis cannot be identified, quarantine from preschool will be required.

Please mark one of the following:

- This child is NOT contagious and may return to school and resume normal activity on _____ (date).
- This child is contagious and should not return to school until _____ (date).

Other comments _____

Provider's Name _____ Phone # _____

Provider's Signature/Stamp _____ MD / DO / NP / PA / RN / LPN