



"A Tradition of Caring"

Dyer Avenue, South Hackensack, New Jersey 07606

Phone (201)-440-2782

Fax (201)-440-9156

Contagion Free Medical Report

Dear Parent/Guardian:

This is to inform you that an evaluation of your child _____ by the school nurse shows that your child is presenting with at least **ONE COVID-19** symptom. In the interest of your child's well-being, it is suggested that you consult the appropriate professional practitioner of your choosing for further examination and/or treatment. This practitioner will need to deem your child **contagion free and/or provide an alternate diagnosis** before they will be readmitted into the building.

Please have your primary care physician fill out the following report and returned to the school nurse.

Medical Report

Child's Name: _____

This child is contagion free: ____ YES ____ NO

Diagnosis: _____

Treatment: _____

Child can return to school on: _____

Medical Stamp/Physician Signature:

Date:



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Informe médico libre de contagio

Estimado Padre / Tutor:

Esto es para informarle que una evaluación de su hijo _____ por la enfermera de la escuela muestra que su hijo presenta al menos UN síntoma de COVID-19. En interés del bienestar de su hijo, se sugiere que consulte al médico profesional apropiado de su elección para un examen y / o tratamiento adicionales. Este practicante deberá considerar a su hijo libres de contagio y / o proporcionar un diagnóstico alternativo antes de que sean readmitidos en el edificio.

Pídale a su médico de atención primaria que complete el siguiente informe y se lo devuelva a la enfermera de la escuela.

Medical Report

Child's Name: _____

This child is contagion free: ____ YES ____ NO

Diagnosis: _____

Treatment: _____

Child can return to school on: _____

Medical Stamp/Physician Signature:

Date: