

Covid-19 Alternate Diagnosis by Medical Provider 21/22

PLEASE GIVE THIS FORM TO YOUR MEDICAL PROVIDER

CREECS

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Medical Provider School Excuse for Possible Symptoms of COVID-19

Name: _____

Diagnosis: _____

Student may return to in-person classes on: _____

Seen by: _____

Phone: _____

Date: _____

Per DHEC requirements, for a student to return to in-person classes who has recent **FEVER, NEW or WORSENING COUGH, or LOSS OF SENSE OF TASTE or SMELL**, he or she must provide before/immediately upon returning to school:

A negative COVID PCR test OR negative COVID antiGEN test (antiBODY testing not accepted)

-or

an alternate diagnosis with return date

-or

Remain out of in-person classes for **5 days** after the start of symptoms and parent's note that symptoms have improved and there has been no fever in the past 24 hours without using fever-reducing medication.

Thank you students, parents/guardians and the medical community for helping to keep our students safe in school!