

ALTERNATE DIAGNOSIS TO COVID-19 FORM

Please direct all questions to COVID-19

Coordinator, James Simmons:

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Patient Name _____

DOB: _____

Dear Medical Professional,

*Please assist us in developing a return to school plan for our Shlenker student/staff member. During the COVID-19 pandemic, we have put in place a strict health protocol for everyone's protection. **This form is meant only for those who may have an alternate diagnosis to COVID-19.***

This person may return to school only if this note can assert the following:

- 1) *This student/faculty member is not contagious **AND***
- 2) *An alternate diagnosis to COVID-19 can be given*

If an alternate diagnosis is given, please provide your thought process of how the diagnosis was made, pertinent tests, follow up appointment, guidance with activity or treatment and the date upon which the student/staff member is cleared to return to campus.

Other Pertinent Review of Symptoms:

Pertinent Physical Exam Findings/Test Results:

Alternate Diagnosis (please include basis for diagnosis):

Treatment Plan/Follow Up/Restrictions:

When can patient return to school?

Medical Professional Name, Title:

Date:

Signature:

Telephone Number:

Covid-19 Related Review of Symptoms

Fever	Y N	Difficulty Breathing	Y N	Diarrhea	Y N
Fatigue	Y N	Sore Throat	Y N	Skin Changes	Y N
Congestion	Y N	New Loss of Taste/Smell	Y N	Eye Redness	Y N
Runny Nose	Y N	Abdominal Pain	Y N	Muscle/Body Aches	Y N
New Cough	Y N	Nausea/Vomiting	Y N	Headaches	Y N

To be filled out by Shlenker School Medical Taskforce:

COVID-19 test: Recommended

Not Recommended