



If your student was identified as a close contact of a student who tested positive, the Monmouth County Department of Health recommends a medical clearance to return to school at the end of their precautionary quarantine period of 14 days. The rationale is to detect current asymptomatic COVID-19 cases in order to decrease disease spread.

In the event your doctor will not sign a medical clearance for your child to return to school, we need you to complete the section below, sign and send in this form to the Attendance Office.

Student Name _____

Date quarantine period began _____

Date returning to school _____

Please check all boxes to verify your child has completed their quarantine requirements.

My child has remained at home for the entire 14 day quarantine period .

I have been monitoring my child for symptoms, and my child has not had any COVID-19 related symptoms during the entire quarantine period.

To my knowledge, my child has not been in contact with a COVID-19 positive case while at home during the quarantine period.

Parents Signature _____ Date _____