



Sayreville Public Schools Health and Nursing Services

P.O. Box 997
Sayreville, New Jersey 08871
Phone: 732-525-5200



School Nurse

Arleth Ext. 4100
Eisenhower Ext. 3100
Truman Ext. 2100
Wilson Ext. 1100
Project Before Ext. 1433

Superintendent: Dr. Richard Labbe
District Physician: Matthew J. Speesler M.D.
Nursing Supervisor: Ms.Carolynn O'Connor
Athletic Director: Ms. Jennifer Badami

School Nurse

Samsel UES Ext. 6100
Middle School Ext. 7100
High School Ext. 8100
Athletic Trainer Ext. 8322

Infectious or Contagious Illness or Disease Clearance Form

Attention School Health Official

I have evaluated _____, on _____ at which time

Patient's Name Date

_____ was free of any contagious or infectious illness or disease and is

Patient's Name

cleared to return to school on _____.

Date

Patient has completed/will complete all CDC and New Jersey DOH recommended quarantine or isolation periods on _____.

Date

____ Patient tested positive for SARS-COV2/COVID-19

____ Patient tested negative for SARS-COV2/COVID-19

____ Patient was symptomatic of SARS-COV2/COVID-19 but was not tested.

____ Patient was presumed positive for SARS-COV2/COVID-19 but was not tested.

____ Patient was diagnosed with an infectious/contagious illness or disease other than

SARS-COV2/COVID-19. Please specify illness or disease _____

____ Anticipated follow up with doctor before _____

Date

Additional Information: _____

Restrictions: _____

Recommended Accommodations: _____

Physician's Name: _____

Date: _____

Physician's Signature: _____

Physician's Stamp:

Physician's Office Address: _____