



# 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: \_\_\_\_\_