

The Avery Coonley School

1400 Maple Avenue
Downers Grove, IL 60515
(630)969-0800 Fax (630)969-0131

Student Name _____ Age _____ Birth Date _____

Reason for visit: _____

Date of visit: _____

As the treating physician of this patient I am recommending at this time: (please check one)

Covid-19 test (must be a PCR test)

Patient is found to have another source of symptoms, **NO** Covid-19 test at this time, and may return to school 24 hours after fever has resolved (if present), and other symptoms improving.

Alternative diagnosis: _____

Return to school date: _____

Signature

Date

Printed Name

Address

Phone Number

*This document must be signed by MD, NP, or PA