



Chandler Unified School District COVID-19 Care Report/Release Form

***** **This Form Must be Returned to the site COVID-19 Site Lead, Program Lead, or Athletic Trainer to be considered to Return to Participation.** *****

Student Name: _____

School: _____

Date of COVID-19 Signs/Symptoms: _____ Sport/Program: _____

Activity: _____ Location: _____

SIGNS/SYMPTOMS:	Check if Present
Fever	
Cough	
Sore Throat	
Shortness of Breath	
Close contact, or cared for someone with COVID-19	
Temperature higher than 100.3°F (if possible to check temperature)	Temp-
Other:	

Coach/Employee Signature: _____ Date: _____

If student is under Physician Care:

I have reviewed the above COVID-19 report for this student and taken this into consideration in my release.

This student may: (check the appropriate, and fill in)

_____ return to activity on _____ (date). Student has completed a 14 isolation asymptomatic and student's temperature is under 100.3°F.

_____ return to activity on _____ (date). Student is cleared to return to full activity due to the fact that they have been treated and cleared of COVID-19 under my care (Provide Doctors Note).

Physician Signature: _____ Date: _____

Printed Name of Physician: _____ Phone # _____



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If Student is not under a Physicians Care:

I have reviewed the above COVID-19 report for my student. I ensure that my student stayed home and monitored his/her health per CDC guideline (https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine-isolation.html).

This student has: (check the appropriate, and fill in)

stayed home 14 days asymptomatic after the last exposure. Dates: to
checked temperature twice a day and watched for symptoms of COVID-19.

Parent/Guardian Signature: Date:

Printed Name of Parent/Guardian: Phone #:

Please use the chart below to assist with monitoring your signs/symptoms.

Table with 4 columns: Date, Temperature #1, Temperature #2, List Any Symptoms. Multiple empty rows for data entry.

Site COVID-19 Contact Clearance:

Student is cleared to return to participation on (Date):

COVID-19 Site Lead/ATC Signature: Date: