



Sayreville Public Schools
Vision 2030
Office of Human Resources

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Dr. Edward Aguiles, Director of Human Resources & Professional Development

Infectious or Contagious Illness or Disease Clearance Form

Attention Human Resources Administrator

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 work in a school environment 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: _____