



# ST. MARTIN OF TOURS SCHOOL

Believe and Become

www.smtschool.org

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Dear Parent/Guardian,

Please be advised that your child, \_\_\_\_\_, must provide documentation from a healthcare provider to return to school. In addition, you must certify that all of the following criteria, as outlined by the Center for Disease Control (CDC), has been met.

**A. For students with symptoms and no COVID-19 diagnosis...**

My child has been symptom and fever free for the last 24 hours without the use of fever reducing medication.

**B. For students who have been in close contact with a person who has COVID-19...**

My child has completed a 14-day quarantine beginning from the date of their last exposure with the individual who has COVID-19 **AND**

My child has not had any symptoms for the past 10 days while in isolation.

**C. For students with a COVID-19 diagnosis...**

My child has been isolated for 10 days from the onset of symptoms or positive test **AND**

My child has been symptom and fever free for the last 24 hours without the use of fever reducing medication with the exception of loss of taste and smell, which should be improving.

***I certify that my child has met all of the criteria listed above as defined by the CDC.***

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

-----**Healthcare Provider's Office Below**-----

The above student is cleared to return to school and regular activity based on the following....

\_\_\_\_\_ Symptoms are not attributable to COVID-19.  
(Section A only)

\_\_\_\_\_ Criteria, as defined above, has been met.  
(Sections B & C only)

\_\_\_\_\_ Other/Comments  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Healthcare Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Healthcare Provider Signature