



### Template for Health care provider clearance for return to the ERJCC

#### As per health and safety protocols for the ERJCC:

A person with symptoms that could be COVID-19\* and who is not evaluated by a health care provider or tested for COVID-19 is assumed to have COVID-19; such persons may not return to the ERJCC until the criteria for the symptom-based strategy:

- At least 10 days have passed since symptom onset AND
- At least 24 hours have passed since resolution of fever without the use of fever-reducing medications AND
- Other symptoms have improved

If a person has symptoms that could be COVID-19\* and wants to return to the ERJCC before meeting these criteria, then the person must:

- a) obtain a health care provider's note clearing the individual for return based on an alternative diagnosis (see template) OR
- b) proof of two negative tests for SARS-CoV-2, taken at least 24 hours apart, using authorized assays for viral testing that detect SARS-CoV-2 nucleic acid or antigen

#### Health care provider Documentation

(must be completed in its  
entirety)

Completed form should be  
returned to:  
[tgreenblatt@erjcc-houston.org](mailto:tgreenblatt@erjcc-houston.org)  
and is subject to review and  
approval by the ERJCC  
Medical Advisory Task Force

\*Most commonly, symptoms of  
COVID-19 include:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Date of visit: \_\_\_\_\_

Name of patient: \_\_\_\_\_

Reason for visit (COVID-19 symptom(s)): \_\_\_\_\_

In my medical opinion, this person warrants testing for COVID-19:

- Yes
- No (please provide explanation) \_\_\_\_\_

If yes, please provide information about testing:

- Test date: \_\_\_\_\_
- Test result: \_\_\_\_\_
- Type of test\*: \_\_\_\_\_

\*Authorized assays for viral testing include those that detect SARS-CoV-2 nucleic acid or antigen  
(<https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html>)

In my medical opinion, this person is cleared to return to the ERJCC based on:

- Alternative diagnosis: \_\_\_\_\_

Alternative diagnosis established by: \_\_\_\_\_

Restrictions / further guidance (example: may return to the ERJCC 24 hours after symptom improvement) \_\_\_\_\_

Name of health care provider: \_\_\_\_\_

Title of health care provider: \_\_\_\_\_

Name of clinic / medical facility: \_\_\_\_\_

Contact number for health care provider or clinic / medical facility: \_\_\_\_\_

Signature of health care provider: \_\_\_\_\_