

### COVID-19 Safe Return to Campus/Clinical Form

\_\_\_\_\_ (Student's name)

has been advised regarding quarantine guidelines related to their recent COVID-19 exposure, symptoms, and/or positive test result.

This student may return to campus and/or clinical ON

\_\_\_\_\_ (date of safe return)

\_\_\_\_\_  
Provider's Name

\_\_\_\_\_/\_\_\_\_\_  
Provider's Signature/Date

\_\_\_\_\_  
Contact Information for Provider (email or phone number)

