



RETURN TO CLASS/CAMPUS FORM

STUDENTS: After a COVID-19 related illness, have your health care provider complete this form prior to you returning to campus/class.

HEALTH CARE PROVIDER:

Please complete this form, and email to healthservices@flagler.edu (preferred) or fax to (904) 824-1183. ***It cannot be returned by the student***

COMPLETED BY STUDENT:

Full name: _____

Date the symptoms began: _____

COMPLETED BY THE HEALTH CARE PROVIDER:

Please check one of the following:

_____ The student is able to safely return to class/campus beginning _____ (date)

_____ The student is able to safely return to class/campus beginning _____ (date)

Signature of Health Care Provider: _____

Printed Name of Health Care Provider: _____

Address of Health Care Provider: _____

Phone Number of Health Care Provider: _____

Date: _____

Students are responsible for any cost associated with the completion of this form by the Health Care Provider.