**Negative COVID-19 Test Clearance Form**

If you have experienced signs/symptoms of COVID-19 infection and have subsequently tested **NEGATIVE** for COVID-19 and need clearance from UWM to return to clinical rotations, please complete this form and email it to Brad De Pons ([bkdepons@uwm.edu](mailto:bkdepons@uwm.edu)) and Zac Lunak ([lunak@uwm.edu](mailto:lunak@uwm.edu)).

Complete this form if you have had a NEGATIVE test for COVID-19 and are experiencing mild symptoms, or if your symptoms have shown significant improvement and you feel well enough to return to clinical rotations. If symptoms persist or worsen after completing this form inform us, and contact your primary care physician or the Norris Health Center for further care. If you miss >10 days or required medical attention for your illness, medical clearance to return to clinical rotations from your primary care physician or healthcare provider is required in addition to this form.

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| Student Name |  |
| Date of symptom onset |  |
| Did you have a fever >100.0F or 37.8C?  *If you had a fever*, please include that date that this resolved without the use of fever reducing medications. | Yes\_\_\_\_    No\_\_\_\_\_ Date that fever resolved\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| What type of COVID-19 test did you have performed? | PCR/antigen test performed at a testing location\_\_\_\_  BinaxNow at-home test\_\_\_\_  QuickVue at-home test\_\_\_\_  Other(please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| What date was this test performed? |  |
| -If **performed at a testing location**, please forward a copy of the negative test result with this form.  -If **at-home test was performed**, fill in the following information and forward a picture of your negative test with this form | Lot number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Expiration date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  You may also forward a picture of this information from the box if you are unsure which numbers to include |
| How are you feeling now? | I no longer have any symptoms and I am well enough to return to rotations \_\_\_\_\_  Symptoms have been mild and I am well enough to return to rotations\_\_\_\_\_  Symptoms have shown significant improvement and I am well enough to return to rotations\_\_\_\_\_\_\_ |