**POSITIVE COVID-19 Test Clearance Form**

If you have tested **POSITIVE** 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 once you have been medically cleared by your healthcare provider to return to class/work. If symptoms return or worsen after completing this form inform us, and contact your primary care physician or the Norris Health Center for further care. Written 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**  write “asymptomatic” if you have not displayed any symptoms |  |
| **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)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  N/A I was diagnosed based on symptoms alone\_\_\_\_ |
| **Date of your first positive COVID-19 test**  Write N/A if diagnosed on symptoms alone |  |
| **Date that you have been cleared to return to work/class**  A written medical clearance from your primary care physician or healthcare provider must be forwarded with this form |  |