



Physician Evaluation Form

Eastern Local School District
38850 STATE Route 7, Reedsville, OH 45772
Phone: 740-667-6079

Please Fax to 740-985-4318 Attn: Mary Anne Moore M.Ed. BSN, RN, LSN

Date: _____

_____ may be or has been excluded from school for
Name the following symptoms which are on the list related to Covid-19 :

Symptoms are considered : Acute

 Chronic

These symptoms are better explained by the following alternative diagnosis:

Covid-19 Test Administered on _____

 Not Administered

May return to school / work on _____ and is not required to
Date isolate due to the above symptoms.

Physician