

Medical Clearance to end self-isolation after COVID-19 diagnosis



The clearance to end self-isolation form must be completed and signed by a MD/DO/APRN and uploaded to your student health portal at myhealth.uconn.edu

A: Individuals who never developed symptoms after a positive test for the SARS-CoV-2 virus:

I attest that _____ has remained asymptomatic for **10 days** following the collection date on _____ of their positive SARS-CoV-2 test.

B: Individuals who experienced symptoms of COVID-19 with a positive test for the SARS-CoV-2 virus:

I attest that 24 hours have passed since _____ has recovered from COVID-19.

Defined as:

- At least **24 hours** have passed since the resolution of fever without the use of fever-reducing medications **AND** improvement in symptoms (cough, shortness of breath, etc.)

AND

- At least **10 days** have passed *since symptoms first appeared*.

Signature (MD, DO, APRN)

A large, empty rectangular box with a black border, intended for the signature of the medical professional.

Stamp