*CLEARANCE TO RETURN TO ATHLETICS AFTER A POSITIVE COVID-19 TEST FORM*

The Arlington Central School District requires this form to be filled out for all students that test positive for COVID-19 and wish to return to interscholastic athletics.

Student Name: ___________________________ Today's Date: ___________________________

The student had a positive COVID-19 diagnostic test result on: ___________________________

The student is cleared to return to athletics on: ___________________________

Medical Provider's Name: ___________________________

Date: ___________________________

Physician's Stamp