



Patient: _____

- School Note
 - Return to school when symptom free 24hrs
 - Return to school _____ days
- Work Note
 - Return to work when symptom free 24 hrs
 - Return to work _____ days
- Schedule follow up:
 - 1 week 2 weeks
 - 3 weeks 4 weeks
 - 3 months 6 months
 - Other: _____
- Schedule other: _____

Date _____ Signature _____



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