



MORRIS KNOLLS HIGH SCHOOL

50 KNOLL DRIVE
ROCKAWAY, NEW JERSEY 07866
FAX: (973) 586-3550
www.mhrd.org/mkhs

ASSISTANT PRINCIPAL
MICHAEL LAURICELLA
(973) 664-2203

ASSISTANT PRINCIPAL
ERIN E. MORGAN
(973) 664-2229

SUPERVISOR OF STUDENT
SERVICES/ATHLETICS
MICHAEL R. BOUROULT
(973) 664-2238

SUPERVISOR OF SCHOOL
COUNSELING
STAN ABROMAVAGE
(973) 664-2211

PRINCIPAL
RYAN S. MACNAUGHTON
(973) 664-2201

ASSISTANT PRINCIPAL
JOSEPH A. CIRIGLIANO
(973) 664-2205

Return to sports/activities/gym Post Covid-19 Diagnosis Revised 10/5/21

As recommended by the American Academy of Pediatrics, any student, regardless of Covid-19 vaccination status, who has tested positive for Covid-19 and recovered, must be cleared by their primary care physician (*preferred*) or *treating physician* prior to returning to all sports, activities and gym.

<https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-interim-guidance-return-to-sports/>

(Evaluation for Resumption of Physical Activity/Sports Activity for Child/ Adolescent With COVID-19, Paragraphs 31-35)

*****THIS DOES NOT NEED TO BE FILLED OUT TO RETURN TO SCHOOL. BUT MUST BE FILLED OUT TO RETURN TO SPORTS/GYM/RECESS*****

Student: _____ Grade: _____

Parent Signature: _____

I certify that the above-named student is medically cleared to participate in sports and exercise activities in school without restrictions.

Physician Print Name: _____

Physician Signature: _____

Date: _____