



AMERICAN OSTEOPATHIC ASSOCIATION

# COVID-19 Physician/Patient Notes for Employers

- As of May 20, 2020 -

The AOA's Health Policy and Physician Services teams are actively monitoring the evolving international coronavirus outbreak. Following is practice-related information to help osteopathic physicians navigate the rapidly changing environment.

## EMPLOYEE SICK LEAVE AND RETURN TO WORK TEMPLATES

The Centers for Disease Control and Prevention ([CDC](#)) recommends that employers "should not require a positive COVID-19 test result or a healthcare provider's note for employees who are sick to validate their illness, qualify for sick leave, or to return to work. Additional [CDC](#) Guidance.

The AOA Physician Services Department has heard from members across the country that they are writing numerous work notes for patients. We've developed these template notes to lessen the administrative burden facing our busy physicians/providers to help them provide documentation in a timely manner.

## TEMPLATE #1A-POSSIBLY CONTAGIOUS

Patient Name: \_\_\_\_\_

To whom it may concern,

This certifies that the patient has been under our care for the symptoms potentially associated with COVID-19 and has been directed to stay home for 14 days since onset of the symptoms which may be contagious.

Thank you for your understanding.

Sincerely,

Physician/Provider name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Physician/Provider signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### TEMPLATE #1B-POSSIBLY CONTAGIOUS

Patient Name: \_\_\_\_\_

To whom it may concern,

This certifies that the patient has been under our care for the symptoms below and has been directed to stay home for 14 days since onset of the following symptoms which may be contagious. Symptoms of concern are:

- ( ) Fever
- ( ) Cough
- ( ) Shortness of Breath
- ( ) Body Aches
- ( ) Fatigue
- ( ) Vomiting
- ( ) Diarrhea

Thank you for your understanding.

Sincerely,

Physician/Provider name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Physician/Provider signature: \_\_\_\_\_ Date: \_\_\_\_\_

### TEMPLATE #2 - SYMPTOMS WITHOUT TESTING

Patient name \_\_\_\_\_ attests that

- The patient had a fever and a cough without COVID-19 testing or medical care, and that
- Three days have passed since their recovery, fever has resolved without the use of fever-reducing medication and their respiratory symptoms have improved; and that
- At least seven days have passed since the patient first experienced symptoms; and the patient notified physician/provider

Sincerely,

Physician/Provider name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Physician/Provider signature: \_\_\_\_\_ Date: \_\_\_\_\_



**TEMPLATE #3- CONFIRMED AND SHOWING SYMPTOMS**

Patient name \_\_\_\_\_

Was medically confirmed to have COVID-19 and can now return to work since

- Their fever has been resolved without the use of fever-reducing medications;
- Their respiratory symptoms have resolved and
- They have had two negative COVID-19 tests.

I certify that, with regard to COVID-19 the above-named patient is fit for duty and able to resume work effective \_\_\_\_\_.

Sincerely,

Physician/Provider name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Physician/Provider signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TEMPLATE #4- CONFIRMED WITH NO SYMPTOMS**

Patient name \_\_\_\_\_

Was medically confirmed to have COVID-19 and can now return to work since:

- 7 days have passed since the date of their first positive COVID-19 laboratory test and;
- The patient is not showing signs of illness and
- The patient has had no subsequent illness

I certify that, with regard to COVID-19, the employee is fit for duty and able to resume work effective \_\_\_\_\_.

Sincerely,

Physician/Provider name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Physician/Provider signature: \_\_\_\_\_ Date: \_\_\_\_\_