



American
International
School of
Lesotho

Medical Clearance

This form is to be filled out and signed by a medical practitioner to clear a student or staff member to return to AISL campus.

First Name: _____ Date: _____

Surname: _____

Medical personnel's Name: _____

Medical Clinic name (if used): _____

Showing symptoms associated with COVID-19 Yes (specify) / No

Showing symptoms of any illness not COVID-19 related Yes (specify) / No

Comments: _____

I certify that the above-named individual is safe to return to school / work.

Medical personnel's Signature: _____



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