



# RANKIN INDEPENDENT SCHOOL DISTRICT

P.O. Box 90

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[www.rankinisd.net](http://www.rankinisd.net)

## *Illness Form*

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

Appointment Date: \_\_\_\_\_

Date of return to Work/School: \_\_\_\_\_

Household required to quarantine: \_\_\_\_\_ yes \_\_\_\_\_ no  
(If yes) Quarantine end date for household: \_\_\_\_\_

If being quarantined because of someone in the household has a positive test—  
when can I retest for COVID? \_\_\_\_\_

*Close Contact: May test \_\_\_\_\_ days post exposure*

Special Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Health Care Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to Amy Cura at [acura@rankinisd.net](mailto:acura@rankinisd.net)

