COVID19 Return-to-School Guidance

Student's Name: _____ Grade: _____ DOB:_____

Date sent home from school or first day kept home from school: _____

Patient presents with shortness of breath, cough, rhinorrhea, nasal congestion, sore throat, fever, chills, body aches, nausea, vomiting, diarrhea, loss of taste or smell and/or uncharacteristic throbbing headache.

Fever is defined as >100.4F. "Resolved" means the student has a temperature below that WITHOUT the use of medication. If fever was never present, the other guidelines must still be followed.

If testing is PENDING, complete the form after results are available. A student may not return to school while a test is pending.

Please select one:

_____ Student found to have another source of symptoms; SARS-COV2 testing was NOT done; may return to school based on school's guidance.

_____ Student NOT found to have another source of symptoms; SARS-COV2 testing was not done; recommend the student not return to school until 24 hours after fever has resolved (if fever has been present or occurs) and for a MINIMUM of 10 days from the onset of symptoms.

_____ Student had a NEGATIVE test for SARS-COV2, as well as another source of symptoms; may return to school 24 hours after symptoms have resolved.

_____ Student had a NEGATIVE test for SARS-COV2 but considered still at risk; may not return to school until 24 hours after fever has resolved and other symptoms improve, with a MINUMUM of 10 days from the onset of symptoms.

_____ Student had a POSITIVE test for SARS-COV2; must stay home until 24 hours after fever has resolved and other symptoms improve, with a MINIMUM of 10 days from the onset of symptoms.

_____ Student is asymptomatic but had a POSITIVE test for SARS-COV2; must stay home for 10 days from the date of the test. If symptoms develop, the student must stay home until 24 hours after fever resolves and other symptoms improve, with a MINIMUM of 10 days from the date of the test.

_____ Student has a known close exposure to someone with COVID-19 (household contact and/or >15 minute contact at less than 6 feet) and must quarantine for 14 days from the date of the last exposure, regardless of test results.

Parent's Name: _____ Parent's Signature: _____ Date: _____

Per HIPAA guidelines, this form is for patient/parent use, but may be shared with the school if desired.

The **earliest** this patient may return to school is: _____

This statement is valid based on relevant information on the date below, but may change based on new symptoms, exposures, or results. The patient's family has been instructed to notify the office of any changes.

Doctor's Name: _____ Stamp:

Doctor's Signature: _____ Date: _____