

COVID-19 Protocols



Return to School Protocols

Student's Name: _____ **School:** _____

Please check the appropriate box to indicate the student's ability to return to school:

<input type="checkbox"/>	Student found to have another source of symptoms, SARS-COV2 testing was NOT done and student has NO known close contact to COVID-19 positive disease. Student may return to school 24 hours after fever has resolved, without the use of fever reducing medication, and other symptoms improving
<input type="checkbox"/>	Student NOT found to have another source of symptoms, SARS-COV2 testing was NOT done. Student may return to school after a MINIMUM of 10 days from onset of symptoms and at least 24 hours after fever has resolved, without the use of medication, and other symptoms improving
<input type="checkbox"/>	Student had a NEGATIVE test for SARS-COV2 and has NO known close contacts with COVID-19 positive disease. Student may return to school 24 hours after symptoms have resolved
<input type="checkbox"/>	Student is symptomatic and had a NEGATIVE test for SARS-COV2 but is considered at risk for COVID19. Student may NOT return to school until 24 hours after fever has resolved, without the use of fever reducing medication, and other symptoms improving, with a MINIMUM of 10 days from the onset of symptoms
<input type="checkbox"/>	Student is symptomatic with a POSITIVE test for SARS-COV2 and must stay home until 24 hours after fever has resolved, without the use of fever reducing medication, and other symptoms improving, with a MINIMUM of 10 days from both the onset of symptoms OR positive test result
<input type="checkbox"/>	Student is asymptomatic but had a POSITIVE test for SARS-COV2 and must stay home for 10 days from the date of test. If symptoms develop, the student must THEN stay home a MINIMUM of 10 days from the onset of symptoms
<input type="checkbox"/>	Student has a known exposure to someone with COVID-19 and must quarantine for 14-days from the date of last exposure on _____, regardless of test results.

This statement is valid based only on clinical history, physical exam and lab findings documented on the date below. The return to school status and date may change based on new symptoms, exposures, or results. The patient's family agrees to notify this office with any changes.

This form should not be completed is SARS-COV2 testing is pending.
A student may NOT return to school while COVID-19 testing is pending

Child's name and date of birth	
Date first sent home from school/kept home from school	
Date of Symptom Onset	
Earliest date the student may return to school	
Physician's Name	
Physician's Signature and Date	
Parents' Name	
Parents' Signature and Date	