



Return to School Protocol

Non-Public Schools

Student Name: _____

Date of Birth: _____

School: _____

Date of symptom onset: _____

Date of Physician visit: _____

1. Please complete this form for a student sent for evaluation for symptoms consistent with Covid-19. If you have questions, please call the school nurse about completing this form.

_____ Student found to have **ANOTHER** source of symptoms, **NO** known close contacts or possible exposure to someone with Covid-19. (Including travel in the past 14 days)

_____ Student **NOT** found to have another source of symptoms,

_____ SARS-COV2 testing was **NOT** done or results are not available

_____ Student's test for SARS-CoV-2 is **NEGATIVE**. Test Date: _____ Type - PCR, Antigen, other _____

_____ Student's test for SARS-CoV-2 is **POSITIVE**. Test Date: _____ Type - PCR, Antigen, other _____

_____ **NO** known close contacts or possible exposure to someone with COVID-19 positive disease (including travel within the past 14 days)

_____ **Known** close contacts or possible exposure to someone with COVID-19 positive disease (including travel within the past 14 days)

2. The current recommendations for returning to school:

_____ Students with an alternative diagnosis, **No** known close contacts or possible exposure to someone with COVID-19 positive disease (including travel within the past 14 days), **may return to school** at least 24 hours after fever has resolved without the use of medication, and other symptoms are improving or resolved.

_____ Students with symptoms and without an alternative diagnosis, without known exposure and regardless of test results may return to school after a **MINIMUM** of 10 days from the onset of symptoms and at least 24 hours after fever has resolved without the use of medication, and other symptoms improving or resolved.

_____ Student with symptoms consistent with Covid-19 and a **NEGATIVE** test for SARS-COV-2 or the results are unavailable may **NOT** return to school until a **MINIMUM** of 10 days from the onset of symptoms and at least 24 hours after fever has resolved without the use of medication and other symptoms are improving or resolved.

_____ Student with symptoms consistent with Covid-19 and a **POSITIVE** test for SARS-COV-2 may NOT return to school until a **MINIMUM** of 10 days from the onset of symptoms and at least 24 hours after fever has resolved without the use of medication and other symptoms are improving or resolved.

Parent Name: _____

Physician's Name: _____

Parent Signature: _____

Physician's Signature: _____

Date: _____

Date: _____