

MEDICAL EVALUATION FOR COVID-19 CONCERN

Name _____ Date of Evaluation _____

This patient may **NOT** return to school at this time due to:

POSITIVE COVID19 test / COVID19 like illness / **PENDING** COVID19 test / COVID19 Exposure

All absences related to this illness should be excused until the symptoms improve

The child may participate in virtual learning once improved until they are cleared to return to in-person schooling

 This patient **MAY** return to school based on the following assessment (must choose 1-3 below):

1 - **ALL** of the following are true - It is at least **10 days since the onset of symptoms AND** patient is fever free off anti-fever medications for 24 hours **AND** symptoms are improving.

OR

2 - COVID19 test **NEGATIVE - AND** patient is fever free off anti-fever medications for 24 hours **AND** symptoms are improving.

OR

3 - COVID19 test **NOT DONE - AND** patient is fever free off anti-fever medications for 24 hours **AND** symptoms are improving **AND** patient has the following **alternate diagnosis – must indicate below**:

Exacerbation of chronic underlying illness(i.e. asthma, inflammatory bowel disease, rheumatologic disorder, etc.)

Specify: _____

Streptococcal Pharyngitis with documented test positive AND classic presentation including prominent findings on examination- on antibiotics x 24 hrs (fever, tender anterior cervical adenopathy, tonsillar swelling or exudate, absence of cough)

Classic presentation of pediatric viral illness **WITH** prominent pathognomonic rash on examination (i.e. Coxsackievirus, Parvovirus, Roseola)

Specify: _____

Other*:

Specify: _____

***NOTE:** Other alternate diagnoses such as **non-specific viral syndrome, upper respiratory infection, sinusitis, symptoms** based diagnoses (i.e. cough, fever, congestion, etc.), **will not be accepted** because they do not rule out the possibility of COVID19. Be especially careful to consider COVID19 co-infection with otitis media or influenza.

Cleared for sports – assessment as above
(If confirmed Covid-19 infection, please follow Covid-19 Return to Play Guidance)

Office stamp

NOT Cleared for sports: Re-assess on _____

Provider Signature