

HEALTH SCREENING REPORT – STUDENT SENT HOME (for Possible COVID-19) – SEND TO OFFICE WHEN COMPLETE

Parent/Student responded YES to:

1. Student/Parent reported/exhibited the following symptoms:
 - Temperature of 100.4 degrees or higher
 - Sore throat
 - New uncontrolled cough that causes difficulty breathing (not allergic/asthmatic related)
 - Diarrhea, vomiting, or abdominal pain
 - New onset of **severe** headache, especially with a fever

Student/Parent was referred for COVID-19 testing, and/or evaluation by their health care provider.

RETURN TO SCHOOL POLICY #1

If your child has exhibited symptoms of COVID-19, but has not been tested, they will need to isolate at home for at least 10 days from time symptoms began until symptoms improve AND no fever for at least 24 hours (without the use of fever-reducing medicine).

If your student is tested and tests NEGATIVE for COVID-19, they may return to school after symptoms improve, AND no fever for at least 24 hours (without the use of fever-reducing medicine).

If your student is tested and tests POSITIVE for COVID-19, they will need to isolate at home for at least 10 days from time symptoms began until symptoms improve AND no fever for at least 24 hours (without the use of fever-reducing medicine).

If a healthcare provider determines symptoms are not consistent with COVID-19, student may return to school after symptoms improve AND no fever for at least 24 hours (without the use of fever-reducing medicine), with letter from health care provider stating specific alternate diagnosis.

2. The student was in close contact (within 6 feet for at least 15 minutes) with a person with confirmed COVID-19.

If you answered YES to Question #2 then your child will need to quarantine at home for 14 days from the date of the last contact with the person who tested positive for COVID-19 (or the last day of their isolation, if contact is ongoing).

RETURN TO SCHOOL POLICY #2

After 14 days of quarantine.

STAFF REPORT:

Student sent home on (date): _____

Student Name: _____

Indicate which response was YES: 1 or 2

Staff Member Name (screener): _____

Office Staff: Please use the Nurse's Log sheet to document when a student or employee is COVID-19 symptomatic at school.

READMITTANCE (by nurse or staff member for Return To School):

Student readmitted on _____

Per Return To School Policy #1

- 10 day isolation from start of symptoms and fever free for 24 hrs. without doctor's visit.
- Tested negative, symptoms improve and fever free for 24 hrs.
- Tested positive, isolated for 10 days since symptoms began, symptoms improved and fever free for 24 hrs.
- Seen by a physician w/ alternate diagnosis, symptoms improve and fever free for 24 hrs.

Per Return To School Policy #2

- 14 days from date of quarantine

Staff Signature: _____

Date: _____