



Instructions for RETURN TO SCHOOL PLAN for Students

This form shall be given to any student who displays or reports any of the below symptoms of COVID-19 and must be completed by a health care provider before the symptomatic individual can return to school or any school activities:

Fever (100°F or higher)	Fatigue
Loss of taste or smell	Chills
Sudden shortness of breath or trouble breathing	Muscle or body aches
Any symptom to a significant degree	Headache
Vomiting	Sore throat
Diarrhea	Congestion or runny nose
Persistent cough	Loss of appetite

If parents/guardians choose to pursue testing without a medical evaluation, the student may return if they receive a negative test result, are fever-free for 24 hours, and have not been in close contact with a person known to have COVID-19.

If the parent does not seek testing or a medical evaluation, the student may not return until 10 days after the first day of symptoms and when fever-free for 24 hours without the use of fever-reducing medication. In addition, siblings or household contacts will be excluded until:

- Health care provider provides an alternative diagnosis of symptomatic student.
- Parent provides a negative test result for symptomatic student.
- 10 days after the symptomatic student's first day of symptoms if no one else in the household develops symptoms, case incidence in Albemarle County is below the CDC threshold for higher risk (<https://www.vdh.virginia.gov/coronavirus/key-measures/pandemic-metrics/school-metrics>), and there are no COVID-19 cases among students in the school.
- 14 days after their last exposure to the symptomatic student when considered contagious, which is 10 days after symptom onset, for a total of 24 days if the symptomatic student cannot be completely isolated from the other household contacts, if other household members become ill, the case incidence rate in Albemarle County is above the CDC threshold for higher risk (<https://www.vdh.virginia.gov/coronavirus/key-measures/pandemic-metrics/school-metrics>), and there are cases among students in the school.
- Determined on a case-by-case basis in consultation with physician or health department official.

RETURN TO SCHOOL PLAN

Name of Student: _____

Date of Visit: _____

Date of First Symptoms (if applicable): _____ Date of Test (if applicable): _____

Date of Exposure (if applicable): _____

The following return to school guidance aligns with the recommendations of the CDC and VDH and reflects the best possible clinical assessment by the health care provider at the time of service and any applicable test results. This guidance is not a guarantee of any individual's current health status.

_____ Patient tested POSITIVE for COVID-19 and experienced symptoms. Patient may return to school/work 10 days after symptoms started, as long as patient has been free of fever for at least 24 hours* and symptoms have improved.

_____ Patient tested POSITIVE for COVID-19 and has NOT experienced symptoms. Patient can return to school 10 days after the test was taken.

_____ Patient was evaluated according to VDH guidelines for community incidence level of COVID-19. A non-COVID source of symptoms was identified, so TESTING WAS NOT INDICATED. Patient can return to school when fever-free for 24 hours* and symptoms have improved.

_____ Patient experienced symptoms that may be consistent with COVID-19, but was NOT TESTED. Patient may return to school 10 days after the start of symptoms as long as patient has been free of fever for at least 24 hours* and symptoms have improved.

_____ Patient tested NEGATIVE or was NOT TESTED, but has been in close contact with a person known to have COVID-19. Patient may return to school 14 days after last contact with the person with COVID-19 as long as no symptoms develop.

_____ Patient tested NEGATIVE or was NOT TESTED, but is a household contact of a person known to have COVID-19 and is unable to fully isolate from that person. Patient may return to school 14 days after the person with COVID-19 is able to end isolation.

_____ Patient experienced symptoms that could be related to COVID-19, but tested NEGATIVE and does not have any known exposures or ill contacts. Patient does not require quarantine. Patient may return to school when free of fever for 24 hours* and symptoms have improved.

**Without the use of fever-reducing medication*

The patient/caregiver was notified of the test results and has been instructed to follow the guidelines above with regard to school attendance.

Provider Signature: _____ MD/DO/NP/PA/RN/LPN

Provider Name Printed: _____

Adapted with permission from form developed by Pediatrics Associates, Charlottesville, VA