

**The Hill School Wellness Center
Health Addendum for Spring Term
Due date: February 1, 2021**

A negative PCR test collected within 6 days of arrival to campus is required before you are cleared to arrive on campus for the Spring Term. You will submit the test result separately from this form.

If you have been diagnosed with COVID-19 at any time after the health forms/physical exam submitted in the summer, you are required to undergo a physical exam and have a completed sport participation form (attached) signed by your primary care provider, or other healthcare provider, clearing you for full sports participation.

Name: _____ Date of birth: _____

Planned arrival date: _____

Given the surge of COVID-19 cases locally, regionally, and across the country, the Wellness Center staff is requiring this health addendum for all students for the Spring Term. This form includes COVID-19 history.

The impact of COVID-19 infection on cardiac and other organ systems is still being investigated. For those students who have been diagnosed with COVID-19, we will require an updated sports physical to clear the student for sports participation, unless the student can produce a positive test result dated **before** his/her last physical that was submitted to the Wellness Center. Please see the attached information for Children's Hospital of Philadelphia (CHOP) primary care and cardiologists' recommendation for sports clearance. Please provide that information from CHOP, including the physical exam form, to your primary care provider when you schedule your appointment for sports clearance. All students must adhere to the sports physical clearance, even if not planning to formally participate on an athletic team during the Spring Term.

Each student is advised to make an individualized decision regarding the health risks involved in group activities and athletics during the pandemic. We recommend you discuss the risks and benefits of participation with your primary care provider to determine if participating in athletics at this time is advised given your specific health history, considering the CDC's guidance.

All students are required to answer the following questions:

Have you been diagnosed with COVID-19 at any point? _____

- When? _____
- How was the diagnosis made? (type of test or clinical diagnosis by healthcare provider or public health official)? _____
- By whom? _____
- Were you hospitalized for COVID-19? _____

- Submit a copy of your positive COVID-19 test result to the Wellness Center.

Have you been advised to quarantine in the past month (other than by The Hill School in preparation for arrival)? _____

Pre-arrival PCR testing

This test must be collected within 6 days of your planned arrival.

An antigen test will not be accepted. Please call the Wellness Center at 610-705-1111 if you have questions about the types of tests.

- Planned date of test: _____
- Submit the test result separately to the Wellness Center once it is available.

Please make a plan now for where you will obtain a pre-arrival COVID-19 PCR test. Turnaround times vary. If you find your lab has longer turnaround times that will not provide results in the expected timeframe, please plan in advance to locate an alternate testing source or order a test online to have ready for use at the appropriate time as it relates to your planned arrival date.

In addition to contacting your primary care provider, you can contact your local health department or local urgent care for possible testing options. Some local and regional urgent cares which offer testing at select locations include [Patient First](#), [American Family Care](#), and [MedExpress](#).

If you live within reasonable driving distance to campus, you may choose to use one of [Montgomery County's testing sites](#). Their turnaround time has consistently been less than 48 hours.

Below you will find a list of some companies that offer COVID-19 testing. These do not constitute recommendations, rather some ideas of where you might obtain a PCR test (molecular diagnostic test for viral infection) if your primary care provider or other local resource is unable to assist you with obtaining a test.

- [Phosphorus](#)
- [Vault](#)
- [Everlywell](#) –age 18 and over
- [Quest Direct](#) –age 18 and over

Please submit this **Health Addendum for Spring Term** and your **PCR test result** (and **physical exam**, if applicable) to the Wellness Center following the instructions provided, entitled **How to Confidentially and Securely Share your Test Results with the Wellness Center**. Please email WellnessCenterStaff@thehill.org with any questions.

Student signature: _____

Parent printed name and signature: _____

Date: _____