

# BEAVERTON SCHOOL DISTRICT STUDENT RETURN TO SCHOOL FORM

Date

Presenting symptoms

*This form should be used for students who have tested positive for COVID-19, are presumed positive for COVID-19, and/or have demonstrated at least one primary COVID-19 symptoms.*

**Đơn này được dành riêng cho các học sinh kiểm tra dương tính với COVID-19, hay cho rằng đã nhiễm COVID-19, và/hoặc có ít nhất một triệu chứng rõ ràng của COVID-19.**

*The following form should be completed by an Oregon-licensed health care provider (M.D., D.O., N.P. or P.A.), county health official, or BSD District Nurse.*

**Đơn này cần được nhân viên y tế có bằng hành nghề của Oregon (M.D., D.O., N.P. or P.A.), nhân viên y tế quận hạt hoặc y tá Khu học chánh Beaverton điền đầy đủ.**

Patient Name

Date of Birth

\_\_\_\_\_ has been evaluated at our clinic.

*Please check one of the following:*

- Patient had a **positive COVID-19 test** on \_\_\_\_\_ (date). Patient should isolate at home until 10 days from when symptoms first appeared on \_\_\_\_\_ (date of first symptoms) and until fever-free for 24 hours without the use of fever-reducing medication and other symptoms have improved.
- Patient had a **negative COVID-19 test** on \_\_\_\_\_ (date) and has no known close COVID-19 contacts. Patient may return to school once patient has been fever-free for 24 hours without the use of fever-reducing medication and other symptoms have improved.
- Patient had a **negative COVID-19 test** on \_\_\_\_\_ (date), but the patient has had close contact with someone who's tested positive for COVID-19. Because of this close contact, there is a chance that the test was a false negative. The patient is being treated as a **presumptive case of COVID-19**. The patient should isolate at home until 10 days from when symptoms first appeared on \_\_\_\_\_ (date of first symptoms) and until fever-free for 24 hours without the use of fever-reducing medication and other symptoms have improved.
- Patient has not been tested for COVID-19-related symptoms that began on \_\_\_\_\_ (date). **A clear alternative non-respiratory diagnosis has been identified**; therefore, the patient may return to school once the patient has been fever-free for 24 hours without the use of fever-reducing medication and other symptoms have improved.
- Patient has not been tested for COVID-19-related symptoms that began on \_\_\_\_\_ (date). **A clear alternative non-respiratory diagnosis has NOT been identified**; therefore, the patient should isolate at home until 10 days from when symptoms first appeared on \_\_\_\_\_ (date of first symptoms) and until fever-free for 24 hours without the use of fever-reducing medication and other symptoms have improved. **COVID-19 has NOT been ruled out.**

Provider or BSD District Nurse

Date

Provider or BSD District Nurse

Clinic, Center, Hospital, or School

Phone

*If the student has NOT been seen by a health care provider, I as a parent/guardian verify that my child has isolated for at least 10 days since the onset of symptoms. In addition, I verify my child has been fever-free for 24 hours without the use of fever-reducing medication and other symptoms have improved.*

**Nếu như học sinh KHÔNG được nhân viên y tế thăm khám, tôi - phụ huynh/giám hộ xác nhận con tôi đã được cách ly ít nhất 10 ngày kể từ khi có triệu chứng. Ngoài ra tôi cũng xác nhận có tôi đã không bị nóng sốt trong 24 tiếng vừa qua mà không cần đến thuốc hạ sốt và các triệu chứng khác cũng đã bớt.**

Signature (Parent/Guardian) / Chữ ký (Phụ huynh/Giám hộ)

Date / Ngày