

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.

이 양식은 COVID-19에 양성 반응을 보인 학생, COVID-19에 양성으로 추정된 학생, 그리고/또는 최소한 한 가지 주요 COVID-19 증상을 보인 학생에게 사용되어야 합니다.

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.

이 양식은 오리건 면허가 있는 의료 보건 종사자 (M.D., D.O., N.P. 또는 P.A.), 카운티 보건 공무원, 또는 BSD 교육구 간호사가 기입해야 합니다.

_____ has been evaluated at our clinic.

Patient Name

Date of Birth

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.

학생이 의료 서비스 제공자에게 진료받지 않았다면, 부모/보호자로서 저는 제 아이가 증상이 시작된 후 적어도 10일 동안 격리되어 있었음을 확인합니다. 또한 해열제를 사용하지 않은 상태에서 24시간 동안 제 아이는 열이 없었고 다른 증상이 나아졌음을 확인합니다.

Signature (Parent/Guardian) 서명 (학부모/보호자)

Date 날짜