

# 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.*

**Foomkan waa in loo adeegsadaa ardayda laga helay COVID-19, loo maleynayo inay qabaan COVID-19, iyo / ama muujiyey uguyaraan hal calaamado aasaasi ah oo ah 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.*

**Foomka soo socda waa inuu buuxiyaa daryeel bixiyaha caafimaadka oo heyso shatiga Oregon (MD, D.O., N.P. ama P.A.), sarkaalka caafimaadka degmada, ama Kalkaaliyaha Caafimaadka Degmada.**

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.*

**Haddii ardayga AANU arkin daryeela caafimaad, aniga waalid ahaan / ilaaliye ahaan waxaan xaqiijinayaa in ilmahaygu is-karantiilay ugu yaraan 10 maalmood tan iyo bilawgii calaamadaha. Intaas waxaa sii dheer, waxaan xaqiijinayaa in ilmahaygu uusan lahayn qandho 24 saacadood iyadoo aan la isticmaaln daawada qandhada yareysa calaamadiihii kalena ay soo fiicnaadeen.**

Signature (Parent/Guardian) / Saxiixa Waalidka/Masuulka

Date / Taariiqda