

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.

该表格应用于COVID-19测试呈阳性, 或COVID-19测试呈假定阳性, 和/或呈现至少一种主要COVID-19 症状的学生。

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.

下列文档必须由具有以下人员填写: 俄勒冈州执业执照的医疗服务提供者 (M.D., D.O., NP 或 PA), 县卫生官员, 或 BSD 学区护士。

Patient Name

_____ has been evaluated at our clinic.
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.

如果学生没有经过医疗保健人员的检查, 则我作为家长/监护人证明我的孩子自症状发作以来已经被隔离了至少 10 天。此外, 我证明我的孩子在没有使用退烧药的情况下, 已经 24 小时没有发烧, 并且其他症状有所改善。

Signature (Parent/Guardian) 签名 (家长/监护人)

Date 日期