

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.

Este formulario debe usarse para los estudiantes que dieron positivo en la prueba de COVID-19, se presume que son positivos para COVID-19 y/o han demostrado al menos un síntoma primario de 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.

El siguiente formulario debe ser completado por un proveedor de atención médica con licencia de Oregón (M.D., D.O., N.P. o P.A.), un funcionario de salud del condado o una enfermera del Distrito Escolar de Beaverton.

_____ 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.

Si el estudiante NO ha sido atendido por un proveedor de atención médica, yo, como padre/tutor, verifico que mi hijo se ha aislado durante al menos 10 días desde que empezaron los síntomas. Además, verifico que mi hijo no ha tenido fiebre durante 24 horas sin el uso de medicamentos para reducir la fiebre y que otros síntomas han mejorado.

Signature (Parent/Guardian) / Firma (padre/tutor)

Date / Fecha