



## Potential COVID 19 Symptom Medical Clearance Form

As of 9/1/21

\_\_\_\_\_ presented the following symptom on \_\_\_\_\_:

Fever (Temp of 100.0 F or higher)	Chills
Diarrhea	Loss of Smell or Taste
Sore Throat	Chest Pain or Difficulty Breathing
New Onset or Worsening Congestion NOT associated with allergy symptoms. (Includes Runny Nose)	New Onset Cough

Hudson Montessori School considers these symptoms potentially consistent with COVID-19 and requires your evaluation to determine next steps. Please complete the following form. If you have any questions, you may call Hudson Montessori School at 330-650-0424 from 8:00 to 3:45 pm, M-F. Outside that time, you may call 314-488-9765.

### Option 1: Abbot BinaxNOW Rapid Test

An Abbot BinaxNOW Rapid Test is available from Hudson Montessori School. Contact the Receptionist at [reception@hudsonmontessori.org](mailto:reception@hudsonmontessori.org) to obtain a test and receive instructions on how to use it.

Share Results of an Abbot BinaxNOW Rapid test and share results with Hudson Montessori School by emailing results to [reception@hudsonmontessori.org](mailto:reception@hudsonmontessori.org) AND ensure that symptoms are resolved

**Please note that this option is currently available only to individuals aged 4 and above.**

### Option 2: Obtain Medical Clearance from Pediatrician.

If you select this option, please have your child's pediatrician complete this form and submit it to [reception@hudsonmontessori.org](mailto:reception@hudsonmontessori.org) or via fax at 234-738-0936.

\_\_\_\_\_ has been evaluated by me for medical care on \_\_\_\_\_ (date). Based on this evaluation and information available at this time, I conclude the following:

\_\_\_\_\_ I have determined that the symptoms are related to a non-COVID 19 illness and that the child can return to school once the symptoms have been resolved for 24 hours without the influence of any medication.

\_\_\_\_\_ I have determined the symptoms are part of a chronic non-COVID 19 medical condition (e.g. allergies) and that the child can return to school even if the symptoms are present. That condition is: \_\_\_\_\_.

\_\_\_\_\_ I have prescribed COVID 19 testing, and results are not available. The child will not return to school until the results are available. If this test results are negative, the symptoms have been resolved for 24 hours without the influence of medication, and the child is fever-free for at least 24 hours without the use of medication, the child may return to school.

\_\_\_\_\_ I am not able to rule out COVID 19 with the symptoms presented. I am NOT prescribing a COVID-19 test. I have advised that the child remain at home for 10 days from the onset of symptoms and return to school if the symptoms have resolved without the use of medication, no other symptoms have emerged, and that the child is fever-free for at least 24 hours without the use of medication.

\_\_\_\_\_ I have determined that child has or is presumed to have COVID 19.

Signature: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Date: \_\_\_\_\_