



## RETURN TO SCHOOL Instructions for Students

Your child has been exhibiting or complaining about one or more of the following symptoms associated with COVID-19:

Fever (100°F or higher) or chills

Cough

Shortness of breath or difficulty breathing

Fatigue

Muscle or body aches

Headache

New loss of taste or smell

Sore throat

Congestion or runny nose

Nausea or vomiting

Diarrhea

**Before your symptomatic child may return to school, school-based child care, or extracurricular school activities, you must provide either the attached Return to School Form, completed by a health care provider, or a negative COVID-19 PCR test result.**

We encourage you to contact your health care provider to determine if COVID-19 testing is needed.

If recommended, your provider may be able to conduct the test or may refer you to another testing location.

If you choose to pursue testing without a medical evaluation, your child may return to school if they receive a negative PCR test result and if they are fever-free for 24 hours and have not been in close contact with a person known to have COVID-19. The Virginia Department of Health (VDH) offers a list of COVID-19 testing sites in our area that are searchable by zip code at <https://www.vdh.virginia.gov/coronavirus/covid-19-testing-sites/>. The Blue Ridge Health District (BRHD) maintains a list of free COVID-19 testing sites in our area at <https://www.vdh.virginia.gov/blue-ridge/covid-19-tjhd-testing-sites/>. Individuals can also schedule a test by calling the BRHD COVID-19 Hotline at (434) 972-6261, Monday – Friday, 8 a.m. to 4:30 p.m.

**Please note:** A negative rapid or antigen COVID-19 test result cannot be accepted for returning to school due to the rate of inaccurate results. **The test must be a PCR.**

**If your child is diagnosed with COVID-19, please notify your child’s school nurse as soon as possible.**

If you do not seek testing or a medical evaluation, your child may not return to school until 10 days after the first day of symptoms and when fever-free for 24 hours without the use of fever-reducing medication.

# RETURN TO SCHOOL FORM

Name of Student: \_\_\_\_\_ Date of Visit: \_\_\_\_\_

Date of Test (if applicable): \_\_\_\_\_ Date of First Symptoms (if applicable): \_\_\_\_\_

Date of Exposure (if applicable): \_\_\_\_\_

**The following return to school guidance aligns with the recommendations of the CDC and VDH and reflects the best possible clinical assessment by the health care provider at the time of service and any applicable test results. This guidance is not a guarantee of any individual's current health status.**

\_\_\_\_\_ Patient tested POSITIVE for COVID-19 and experienced symptoms. Patient may return to school 10 days after symptoms started IF patient has been free of fever for at least 24 hours\* and symptoms have improved.

\_\_\_\_\_ Patient tested POSITIVE for COVID-19 and has NOT experienced symptoms. Patient can return to school 10 days after the test was taken.

\_\_\_\_\_ Patient was evaluated according to VDH guidelines for community incidence level of COVID-19. A non-COVID-19 source of symptoms was identified, so TESTING WAS NOT INDICATED. Patient can return to school when fever-free for 24 hours\* and symptoms have improved.

\_\_\_\_\_ Patient experienced symptoms that may be consistent with COVID-19, but was [ ] NOT TESTED or [ ] PCR TEST IS PENDING (check one). Patient may return to school 10 days after the start of symptoms IF patient has been free of fever for at least 24 hours\* and symptoms have improved. (Patient may return to school sooner if PCR test comes back negative.)

\_\_\_\_\_ Patient tested [ ] NEGATIVE or was [ ] NOT TESTED (check one), but has been in close contact with a person known to have COVID-19. Patient may return to school 10 days after last contact with the person with COVID-19 IF no symptoms develop.

\_\_\_\_\_ Patient tested [ ] NEGATIVE or was [ ] NOT TESTED (check one), but is a household contact of a person known to have COVID-19 and is unable to fully isolate from that person. Patient may return to school 10 days after the person with COVID-19 is able to end isolation.

\_\_\_\_\_ Patient experienced symptoms that could be related to COVID-19, but tested NEGATIVE via PCR and does not have any known exposures or ill contacts. Patient does not require quarantine. Patient may return to school when free of fever for 24 hours\* and symptoms have improved. **Negative antigen (rapid) test results are not accepted for return to school.**

\_\_\_\_\_ Patient was diagnosed with COVID-19 on \_\_\_\_\_ (within the past 3 months), has fully recovered, is currently asymptomatic, and does not need to quarantine unless new symptoms develop.

\_\_\_\_\_ Patient received their last dose of COVID-19 vaccine on \_\_\_\_\_ (> 2 weeks or < 3 months before now), is currently asymptomatic, and does not need to quarantine unless new symptoms develop.

\_\_\_\_\_ Patient tested NEGATIVE on a COVID-19 PCR test and does not have any symptoms, known exposures, or known ill contacts. Testing was done for school/work/travel requirements.

*\*Without the use of fever-reducing medication*

The patient/caregiver was notified of the test results (if applicable) and has been instructed to follow the guidelines above regarding school attendance.

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Name (printed): \_\_\_\_\_ MD/DO/NP/PA/RN/LPN

*Adapted with permission from form developed by Pediatric Associates, Charlottesville, VA*