



COVID19 Return-to-School Guidance

Student's Name: _____ Grade: _____ DOB: _____

Date sent home from school or first day kept home from school: _____

Student was seen in the medical provider's office for either an exposure to a person with COVID-19 or symptoms concerning for COVID-19 or both. As a result of the medical visit, the following recommendations are made:

Please select one:

1. _____ Student found to have another source of symptoms; may return to school based on school's guidance.
_____ COVID-19 testing done and negative

2. _____ Student had a POSITIVE test for COVID-19; must stay home until 24 hours after fever has resolved and other symptoms improve, with a MINIMUM of 5 days from the onset of symptoms or positive test (if no symptoms). Isolation can end after day 5 if diagnostic test collected on day 5 or later is negative. Continue to mask indoors and outdoors for 10 days from symptom onset. If unable to test and symptoms are resolving, isolation can end after day 10.
_____ Retest on day 5 or later negative

3. _____ Student vaccine status up to date or had recent infection with COVID-19 within 90 days and was exposed to someone with COVID-19.
_____ has no symptoms. No quarantine. Test on day 5 or later. Wear a well-fitting mask around others for 10 days from exposure. Must monitor for symptoms through day 14.
_____ Test on day 5 or later negative

4. _____ Student vaccine status not up to date and was exposed to someone with COVID-1
_____ has no symptoms: Student must remain on home quarantine for at least 5 days after last contact with COVID contact. Test on day 5. Quarantine can end after day 5 if symptoms are not present and test negative on day 5 or later. Wear a mask around others for a total of 10 days. Without a test, the student will remain home for 10 days. May return to extracurricular activities on day 6 after last exposure if test negative on/after day 5. May return to extracurricular activities on day 11 from last exposure if no test.
_____ Test on day 5 or later negative

5. _____ Student had a NEGATIVE test for SARS-COV2 but considered still at risk; may not return to school until 24 hours after fever has resolved and other symptoms improve, with a MINIMUM of 5 days from the onset of symptoms. Isolation can end after day 5 if repeat testing on day 5 or later negative. Continue to mask indoors and outdoors for 10 days from symptom onset. If unable to retest and symptoms resolving, isolation can end after day 10.
_____ Retest on day 5 or later negative

Parent's Name: _____ Parent's Signature: _____ Date: _____

Per HIPAA guidelines, this form is for patient/parent use, but may be shared with the school if desired.

The **earliest** this patient may return to school is: _____

This statement is valid based on relevant information on the date below, but may change based on new symptoms, exposures, or results. The patient's family has been instructed to notify the office of any changes.

Doctor's Name: _____

Stamp: _____

Doctor's Signature: _____

Date: _____