

Appendix B: Return to School Document

Patient's/Student's Name: _____ DOB _____
Name of School District: _____ Name of School: _____
Onset of Symptoms: _____ Last Day in School: _____

SYMPTOMATIC / NOT TESTED / NOT A CLOSE CONTACT¹ TO A POSITIVE CASE

____ 1.) Student found to have another source of symptoms, SARS-CoV2 testing was NOT done, and may return to school when they are 24 hours fever-free² with no antipyretic use and other symptoms are improving. **(The provider must be confident the illness is not COVID-19 and is required to provide a note explaining the alternate diagnosis).**

____ 2.) Student NOT found to have another source of symptoms or they have a source for their symptoms but the provider is not confident that COVID-19 is excluded & SARS-CoV2 testing was NOT done. Patient may return to school after a MINIMUM of **10 days** from the onset of symptoms with the last 24 hours fever-free² with no antipyretic use and other symptoms improving.

SYMPTOMATIC / NEGATIVE COVID-19 TEST / NOT A CLOSE CONTACT¹ TO A POSITIVE CASE

____ 3.) Student had a NEGATIVE NAAT test for SARS-CoV2, as well as another source for symptoms, and may return to school when they are 24 hours fever-free² with no antipyretic use and other symptoms are improving.

____ 4.) Student had a NEGATIVE NAAT test for SARS-CoV2, with high suspicion of possible false negative test based on provider's judgement, so may return to school after a MINIMUM of **10 days** from the onset of symptoms with the last 24 hours fever-free² with no antipyretic use and other symptoms improving.

POSITIVE COVID-19 TEST WITH OR WITHOUT SYMPTOMS

____ 5.) Student had a POSITIVE test for SARS-CoV2 and must stay home for a MINIMUM of 10 days from the onset of symptoms with the last 24 hours fever-free² with no antipyretic use and other symptoms improving.

____ 6.) Student is asymptomatic but had a POSITIVE test for SARS-CoV2 and must stay home for **10 days** from the date of the test. If symptoms develop, the student must THEN stay home for a MINIMUM of 10 days from the onset of symptoms with the last 24 hours fever-free² with no antipyretic use and other symptoms improving.

CLOSE CONTACT¹ TO A COVID-19 POSITIVE PERSON

____ 7.) Non-fully vaccinated student who is ***asymptomatic*** and has had close contact¹ to someone with COVID-19 must quarantine for **10 days** from the date of the last exposure to the positive case. If the positive COVID-19 case is a household member and the student is unable to quarantine from the case, the student's quarantine date will be extended 10 days past the last contagious day of the positive case.

-If symptoms develop, the student may return to school after a MINIMUM of 10 days from the onset of symptoms with the last 24 hours fever-free² with no antipyretic use and other symptoms improving.

****Fully vaccinated students identified as close contacts as long as they are asymptomatic are not subject to quarantine.**

The **EARLIEST** this patient may return to school is: _____ (To be verified by ECDOH)

Physician's Name: _____ Signature: _____ Date: _____

Office name & phone: _____

If testing is PENDING, please complete the form only after results are available. A student may not return while a test is pending.

¹Close contact is defined as students who are within 3 ft in the classroom setting or teachers/staff who are within 6 ft for ≥ 15 minutes in a 24-hour period regardless if masks were worn. Fully vaccinated asymptomatic individuals are not quarantined.

²Fever is defined as $\geq 100.0^{\circ}\text{F}$. If fever was never present, the other guidelines must still be followed.

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

Updated 9/4/2021