

Please return this completed form to the school nurse via secure fax or hand delivery to school.

Patient/Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Phone Number: \_\_\_\_\_

School Nurse: \_\_\_\_\_ Fax #: \_\_\_\_\_

Symptom	Onset Date	Symptom	Onset Date
<input type="checkbox"/> Contact with an individual who is COVID-19+		<input type="checkbox"/> Diarrhea (defined as frequent loose or watery stools compared to child's normal pattern)	
<input type="checkbox"/> High Risk Travel		<input type="checkbox"/> Nausea/vomiting	
<input type="checkbox"/> Fever (100.4 or greater)		<input type="checkbox"/> Muscle pain or body aches	
<input type="checkbox"/> Cough		<input type="checkbox"/> Loss of taste or smell	
<input type="checkbox"/> Shortness of breath		<input type="checkbox"/> Congestion or runny nose	
<input type="checkbox"/> Fatigue		<input type="checkbox"/> Headache	
<input type="checkbox"/> Sore Throat		<input type="checkbox"/> Other:	

School Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Signatures on this form signify parent/guardian understands the plan and gives permission for medical providers to communicate with school nurses regarding student health.

Did this family follow up with a medical provider? YES NO

If you do not contact your medical provider, your student will not be allowed to return to school for more than 10 days since symptoms first appeared and 24 hours without a fever or use of fever reducing medication and symptoms have improved.

Date of call/visit with medical provider: \_\_\_\_\_ COVID TEST RESULT: Positive or Negative Date: \_\_\_\_\_

Plan for return to school based on the **Pediatric Patient's algorithm:**

- Covid Test - negative result** -Patient may return to school after 24 hours without a fever or use of fever reducing medication and symptoms have improved.
- Covid Test - positive result** - Patient may return to school after more than 10 days have passed since symptoms first appeared and 24 hours without a fever or use of fever reducing medication and symptoms have improved.
- Alternative diagnosis** - Patient may return to school after 24 hours without a fever or use of fever reducing medication and symptoms have improved.
- No test and no alternative diagnosis** - Patient may return to school after more than 10 days have passed since symptoms first appeared and 24 hours without a fever and without the use of fever reducing medication and symptoms have improved.

Alternative Diagnosis:

Medical Provider Name (Printed) \_\_\_\_\_ Practice Phone Number: \_\_\_\_\_

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