Licensed Healthcare Provider Clearance to Return to School – COVID-19

Student Name: _____ School: _____
Date of Birth: _____ Grade: _____
Date sent home from school or first kept home from school: _____

The above named student is being sent home due to the following symptoms consistent with COVID-19 infection:

☐ Sore throat	☐ Headache	☐ Fatigue	☐ Myalgias (body or muscle aches)
☐ Cough	☐ Shortness of breath	☐ Nasal congestion (stuffy nose)	☐ Rhinorrhea (runny nose)
☐ Nausea	☐ Vomiting	☐ Diarrhea	☐ Loss of appetite or poor feeding
☐ Fever, with or without rigors (chills) > 100.0 F (37.8 C)			☐ New loss of sense of taste or smell

This form must be completed and signed by a licensed healthcare provider prior to the student's return to school. **Please check one:**

1. Student had close contact within 6 feet for a total of 15 minutes with a person who has COVID-19:

   ☐ **COVID PCR** test result was **POSITIVE**. Student must stay home for at least 10 days after symptom onset **AND** symptoms have improved **AND** 24 hours without fever and no use of fever reducing medicine.

   ☐ Student **DID NOT HAVE a COVID PCR test.** Student must stay home and quarantine for 14 days after last contact with a person who has COVID-19.

   ☐ COVID PCR test result was **NEGATIVE**. Student must stay home and quarantine for 14 days after last contact.

2. **Student DID NOT have close contact with a person who has COVID-19 AND attends a school with moderate or higher risk of transmission** according to CDC's Indicators for Dynamic School Decision-Making

   ☐ COVID PCR test result was **POSITIVE**. Student must stay home for at least 10 days after symptom onset **AND** symptoms have improved **AND** 24 hours without fever and no use of fever reducing medicine.

   ☐ Student **DID NOT HAVE a COVID PCR test.** Student must stay home for at least 10 days after symptom onset **AND** symptoms have improved **AND** 24 hours without fever and no use of fever reducing medicine.

   ☐ COVID PCR test result was **NEGATIVE**. Student must stay home until symptoms have improved according to existing school policy.

3. **Student DID NOT have close contact with a person who has COVID-19 AND DOES NOT attend a school with moderate or higher risk of transmission** according to CDC's Indicators for Dynamic School Decision-Making.

   ☐ Student must stay home until symptoms have improved according to existing school policy.

Per the above, the earliest the student may return to school is: _____

By signing below, I authorize the school to contact me for any clarification.

Date	Address/Telephone
Name of Provider (Print)	
Provider Signature	Medical License