

**Port Washington Union Free School District**

Fax: 516-767-5855 or email: [sch-nurses@portnet.org](mailto:sch-nurses@portnet.org)

Student name \_\_\_\_\_

DOB \_\_\_\_\_

Date sent home from school or 1<sup>st</sup> day kept home from school \_\_\_\_\_

Your child has presented to the School Nurse with the following symptoms that are consistent with COVID-19 and **must be seen by your Healthcare Provider:**

Fever of \_\_\_\_\_ Time: \_\_\_\_\_ Cough \_\_\_\_\_ Shortness of breath or difficulty breathing \_\_\_\_\_ Chills \_\_\_\_\_ Fatigue \_\_\_\_\_  
Muscle/Body Aches \_\_\_\_\_ Headache \_\_\_\_\_ New loss of sense of taste or smell \_\_\_\_\_ Sore throat \_\_\_\_\_ Congestion or runny  
nose \_\_\_\_\_ Nausea/Vomiting/Diarrhea \_\_\_\_\_ Other: \_\_\_\_\_

*Fever for school is defined as >100.0F and "resolved" means the student has a temperature below that WITHOUT the use of medication. If fever was never present, the other guidelines must still be followed.*

**To be completed by Healthcare Provider: Please select one (per CDC/DOH guidelines):**

***\*\*\*If testing is PENDING, please complete this form only after results are available. A student may NOT return while a test is pending.***

\_\_\_\_\_ Student found to have another source of symptoms due to confirmed acute illness and/or known chronic condition, SARS-COV2 testing was NOT done, and may return to school 24 hours after fever has resolved and other symptoms are improving. **Diagnosis** \_\_\_\_\_.

\_\_\_\_\_ Student **NOT** found to have another source of symptoms, SARS-COV2 testing was NOT done, student may return to school 24 hours after fever has resolved and other symptoms improving, with a **MINIMUM** of 10 days from the onset of symptoms.

\_\_\_\_\_ Student has a **NEGATIVE** test for SARS-COV2, as well as another source of symptoms and may return to school 24 hours after symptoms have resolved, per doctor's note.

\_\_\_\_\_ Student had a **NEGATIVE** test for SARS-COV2, but considered still at risk, so may not return to school until 72 hours after fever has resolved and other symptoms improving, with a **MINIMUM** of 10 days from the onset of symptoms.

\_\_\_\_\_ Student had a **POSITIVE** test for SARS-COV2 and must stay home until 72 hours after fever has resolved and other symptoms improving, with a **MINIMUM** of 10 days from the onset of symptoms.

\_\_\_\_\_ 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 until 72 hours after fever resolves and other symptoms are improving, with a **MINIMUM** of 10 days from the date of the test.

\_\_\_\_\_ Student has a **known exposure** to someone with COVID-19 and must quarantine for 10 days from the date of the last exposure, regardless of test results.

The earliest this student may return to school is \_\_\_\_\_

Doctors name: \_\_\_\_\_

Date: \_\_\_\_\_

Doctor's signature: \_\_\_\_\_

Stamp: