

Port Washington Union Free School District

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 >100.4F 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:**

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

***\*\*\*If testing done for SARS-COV2 ONLY A PCR (NAAT) WILL BE ACCEPTED. WE CANNOT ACCEPT RAPID ANTIGEN TEST ALONE.***

\_\_\_\_\_ Student found to have another source of symptoms due to a known chronic condition with unchanged symptoms, or a laboratory confirmed acute illness (strep or flu) **AND** SARS-COV2 is not suspected may return to school 24 hours after fever has resolved and other symptoms are improving. **Diagnosis** \_\_\_\_\_. Please attach laboratory results of confirmed acute illness.

\_\_\_\_\_ Student **NOT** found to have another source of symptoms, SARS-COV2 testing was NOT done, student may return to school 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 (**PCR**) 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** Rapid Antigen test for SARS-COV2o **may not return to school until a confirmatory PCR is negative**, 24 hours after fever has resolved and other symptoms improving.

\_\_\_\_\_ Student had a **POSITIVE** test for SARS-COV2 and must stay home until 24 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 24 hours after fever resolves and other symptoms are improving, with a **MINIMUM** of 10 days from the date of the test.

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

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

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

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

Stamp: