Port Washington Union Free School District

Student name_____ DOB_____

Date sent home from school or 1st 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.***

_____ 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 and other symptoms improving

Indicate which testing was done:

_____Rapid Antigen only _____PCR only

_____ Rapid Antigen **AND** a PCR - **Student may not return to school until the confirmatory PCR is negative**.

_____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 5 days from the onset of symptoms.

_____Student is asymptomatic but had a **POSITIVE** test for SARS-COV2 and must stay home for a **Minimum** of 5 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 5 days from the date of the test.

_____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 24 hours after fever has resolved and other symptoms improving, with a **MINIMUM of 5 days from the onset of symptoms.**

The earliest this student may return to school is _____

Doctors name: _____ Date: _____

Doctor's signature: _____ Stamp: