

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.***

******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: