

# SICK STUDENT NOTIFICATION

Student Name: \_\_\_\_\_

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

School: \_\_\_\_\_

Time: \_\_\_\_\_ AM/PM

## Parent/Guardian:

Your student presented to the health room today with the following new and unexplained symptoms:

- Fever/chills     Cough     Shortness of breath     New Loss of taste/smell  
 Sore throat     Fatigue     Muscle aches     Runny nose/congestion  
 Stomachache     Diarrhea     Nausea/Vomiting     Headaches  Other

*Due to COVID-19 in the community, evaluation by a healthcare provider is recommended for all sick children. Please take this form to your healthcare provider.*

## School Nurse/Aide Assessment:

General appearance: Temp: \_\_\_\_\_  Alert in no distress     Tired Appearing     Pain Comments:

Signature: \_\_\_\_\_ RN / Health Aide

## Follow the Return to School Policy if your child was sent home with any of the above symptoms:

### IF NO KNOWN EXPOSURE TO COVID-19 AND:

- **No COVID-19 test or Positive COVID-19 test** – Stay home until **10 days** from onset of symptoms, no fever for 24 hours without fever-reducing medication AND symptoms are improving.
- **COVID-19 Test is negative** – Stay home until no fever for 24 hours without fever-reducing medication AND symptoms are improving.
- **Alternate diagnosis by a healthcare provider that explains symptoms** – stay home until no fever for 24 hours without fever-reducing medication AND symptoms are improving or longer per healthcare provider's instructions.

### IF KNOWN EXPOSURE TO COVID-19:

- **No Covid-19 test or negative test:** Stay home for **14 days** from date of last exposure, no fever for 24 hours without fever-reducing medication AND symptoms are improving.
- **COVID-19 test is positive:** Stay home until **10 days** from onset of symptoms, no fever for 24 hours without fever-reducing medication AND symptoms are improving.

## Virginia Chapter

American Academy of Pediatrics  
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