

Student Name: _____ DOB: _____ Date: _____

Permission to Return to School/Childcare

Check appropriate box below	SYMPTOMATIC	TEST RESULTS	OTHER DIAGNOSIS FOR SYMPTOMS	KNOWN EXPOSURE TO COVID-19	RETURN TO SCHOOL GUIDELINES
NOT VACCINATED or Vaccinated with symptoms					
<input type="checkbox"/>	YES	POSITIVE	N/A	N/A	10 days after symptoms started AND free of fever for at least 24 hours* AND symptoms improved.
<input type="checkbox"/>	YES	Testing NOT Indicated	YES	NO	Return to school when no fever for 24 hours* AND symptoms improved.
<input type="checkbox"/>	YES	No test done	NO	N/A	Return to school 10 days after start of symptoms and no fever for 24 hours* AND symptoms improved
<input type="checkbox"/>	YES	NEGATIVE	NO	NO	Return to school when no fever for 24 hours and symptoms have improved
<input type="checkbox"/>	NO	POSITIVE	N/A	N/A	10 days from date of positive test
<input type="checkbox"/>	NO	No test done	N/A	YES	Return to school after 10-14** days from date of exposure.
<input type="checkbox"/>	NO	NEGATIVE (on day 5-7 after exposure)	N/A	YES	Return to school after 7 days with a negative test on or after day 5 from exposure.
<input type="checkbox"/>	NO	No test done	N/A	Household contact of person with COVID-19 <u>and unable to isolate</u>	Return to school 10-14** days after the person with COVID-19 <u>ends isolation.</u>
<input type="checkbox"/>	NO	NEGATIVE (on day 5-7 <u>after end of isolation</u>)	N/A	Household contact of person with COVID-19 <u>and unable to isolate</u>	Return to school 7 days after infected person <u>ends isolation</u> and exposed person has a negative test on or after day 5 from <u>end of isolation.</u>
VACCINATED (completed full vaccination with documentation)					
<input type="checkbox"/>	NO	Testing not indicated	N/A	YES	No Quarantine, may attend school and activities without restriction
YES		Regardless of vaccination status, if symptomatic, all guidelines above for unvaccinated apply.			

* Without using fever-reducing medication

** CDC recommends 14-day quarantine and reduce to 10 days if not possible to comply with 14 days

The patient/caregiver was notified of the test results and has been instructed to follow the guidelines above with regard to school attendance.

Based on the details of the visit, the guidelines above and any applicable test results, the patient may return to school or childcare on (Date: MM/DD).

Signature: _____ MD/ DO/ NP/ PA/ RN/ LPN

rev. June 2021