



Permission to Return to School/Childcare

Name _____ DOB _____ Today's Date _____

Date of Exposure (if applicable): _____ Date of Test (if applicable): _____ Date of First Symptoms (if applicable): _____

Check appropriate box below	SYMPTOMS	TEST RESULTS	OTHER DIAGNOSIS FOR SYMPTOMS	KNOWN COVID-19 CLOSE CONTACT	RETURN TO SCHOOL GUIDELINES
Patients WITH symptoms (Vaccinated Or Unvaccinated)					
<input type="checkbox"/>	YES	POSITIVE OR NOT TESTED	N/A	YES or NO	Isolate 5 days after symptoms began, then return when fever-free for 24 hours* AND symptoms improved. Wear a mask around others for additional 5 days. Try to distance 6 ft at meals to avoid exposure to others on days 6-10.
<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	NEGATIVE	NO	NO	Return to school when no fever for 24 hours* AND symptoms have improved.
<input type="checkbox"/>	YES	NEGATIVE	NO	YES	IF VACCINATED: return after fever-free for 24 hours* AND symptoms improved. IF UNVACCINATED/PARTIALLY VACCINATED: Quarantine for 5 days after last exposure to close contact OR ongoing household contact completes isolation period. Wear a mask around others for an additional 5 days.
Patients WITHOUT symptoms (Not vaccinated, Partially vaccinated, or 18+ years without recommended booster)					
<input type="checkbox"/>	NO	POSITIVE	N/A	YES or NO	Isolate for 5 days after date of positive test. Wear mask around others for additional 5 days.
<input type="checkbox"/>	NO	Test on day ~5 after exposure if available	N/A	YES	Quarantine for 5 days after last exposure to close contact OR ongoing household contact completes isolation period. Wear a mask around others for an additional 5 days. If new symptoms develop, re-test.
Patients WITHOUT symptoms (Fully vaccinated: boosted if 18+)					
<input type="checkbox"/>	NO	Test on day ~5 after exposure if available	N/A	YES	No quarantine. May return to school. Wear a mask for 10 days. If new symptoms develop, re-test.
<input type="checkbox"/>	NO	POSITIVE	N/A	YES or NO	Isolate for 5 days after date of positive test. Wear a mask around others for additional 5 days.

*without using fever-reducing medication

NOTE: Day of positive test, day of exposure, or day of first symptoms = Day 0. Day 1-5, Quarantine or Isolate. Day 6-10 continue mask wearing if around others.

Follow the guidelines above regarding school attendance, with final decision and further restrictions of activities (sports, etc.) left to schools as guided by the health department.

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



Virginia Chapter

