

CSC of Eastern Hancock Return to School Form

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

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

The above named patient has been assessed and evaluated by a licensed health care provider due to symptoms of or exposure to SARS-CoV2 (Coronavirus) infections and has been determined to have:

- an alternate diagnosis or explanation of symptoms. It is appropriate for the student to return to school and school activities as long as he/she has been without fever for 72 hours without medication.

\_\_\_\_\_ Student was not tested for COVID-19

\_\_\_\_\_ Student tested negative for COVID-19

- no explanation of symptoms and COVID-19 testing was not performed. Before returning to school, the student must be without fever for 72 hours without medications and must be quarantine until \_\_\_\_\_, 2020. (10 days after symptoms)
- tested negative for COVID-19, but is symptomatic without an alternative explanation. Before returning to school, the student must be without fever for 72 hours without medications and must be quarantine until \_\_\_\_\_, 2020. (10 days after symptoms)
- tested positive for COVID-19. He/she must remain at home in isolation. Before returning to school, the student must be without fever for 72 hours without medications and must be quarantine until \_\_\_\_\_, 2020. (10 days after symptoms)
- tested positive for COVID-19 but is not showing any symptoms of illness. He/she must be quarantined until \_\_\_\_\_, 2020. (10 days after testing was performed) If symptom develop, please seek reevaluation from your provider.
- Is considered a close contact with a COVID 19 person. The student must quarantine at home and not return to school until \_\_\_\_\_, 2020. (14 days after exposure) If symptoms develop, please seek evaluation from your provider.

\_\_\_\_\_ Student was not tested for COVID-19

\_\_\_\_\_ Student tested negative for COVID-19

\_\_\_\_\_ Provider's Signature