

Return to School Note

This note must accompany a staff or a student on the day that they return to school from any absence **IF** a Doctor's note is not available. Please bring the Dr's note to excuse the absence.

Student/Staff Name: _____ Grade: _____ Date(s) of absence: _____
Reason for absence: _____

*Students and staff who have been diagnosed with COVID-19 or who have been in a **14-day quarantine** due to exposure are **NOT** required to provide proof of a negative COVID-19 PCR test prior to return to school but **must meet ONE of the criteria below**. Other documentation may be required if you would like a release from quarantine earlier than 14 days. Students/Staff **may return to school** if the answer to **ANY** of the following questions is **YES**. **Check one and sign/date**.*

____ I/My child was absent but did not exhibit any of the following symptoms : fever / chills, cough, shortness of breath or difficulty of breathing, muscle or body aches, new loss of taste or smell, nausea / vomiting, or diarrhea. (Write in the reason above on the lines.)

____ I/My child had a positive COVID-19 PCR/antigen test (with or without symptoms), completed isolation for a minimum of 10 days from the onset of symptoms (or the date of the positive test, if asymptomatic) AND have resolution of fever (without fever-reducing medication) AND improvement in COVID-19 symptoms for at least 24 hours. If so, the individual may return to school. No medical evaluation or proof of negative COVID-19 test is required.

____ I/My child was identified as a close contact to a positive COVID-19 case and quarantined for 14 days due to exposure to a suspected or confirmed case of COVID-19. If that individual has remained asymptomatic and has completed the 14-day quarantine period, the individual may return to school. No medical evaluation or proof of negative COVID-19 test is required. If symptoms developed during the quarantine period, the individual must complete isolation as above.

____ I/My child was identified as a close contact to a positive COVID-19 case. I/My child had no symptoms during days 1-7 of their quarantine and they received a PCR test on day 6 that is negative and can return on day 8 of their quarantine and agree to monitor symptoms and have temperature checked at school twice a day until day 14. (Must have a negative PCR test result attached to this note to return.)

____ I/My child was identified as a close contact to a positive COVID-19 case. They have had no symptoms and have completed 10 days of quarantine (returning to school on day 11) and agree to monitor symptoms and have temperature checked at school twice a day until day 14.

____ I/My child was ill with symptoms of COVID-19 and has written documentation from their medical provider confirming their illness was not due to COVID-19 because another explanation was identified. They have been without fever (without the use of fever reducing medications) for at least 24 hours and symptoms have been improving. Please note: (Acceptable diagnosis would include fever due to urinary tract infection, strep throat confirmed by a positive strep test, rash from poison ivy, etc. Diagnoses of respiratory and viral conditions such as upper respiratory tract infection (URI), pneumonia, pharyngitis without positive strep test, viral illness, etc., DO NOT exclude the diagnosis of COVID-19. a

____ I/My child had symptoms of COVID-19 with no alternative diagnosis and has not tested after the onset of symptoms but has completed 10 day isolation. There has been no fever (without fever reducing medication) AND has improvement in COVID-19 symptoms for at least 24 hours.

____ I/My child had symptoms of COVID-19, chose not to tested during that illness and has no confirmed alternative diagnosis, has completed isolation for a minimum of 10 days AND had resolution of fever (without fever-reducing medications) AND improvement in COVID-19 symptoms for at least 24 hours? If so, the individual may return to school. No medical evaluation or proof of negative COVID-19 test is required.