**Medical diagnosis and plan for student illness during COVID pandemic**

Date: \_\_\_­­­­­­­­­\_\_\_\_\_\_\_ Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School/Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date sent home from school orfirst day of COVID-19-like symptoms\*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Signs and symptoms of COVID 19 most commonly experienced in children include: fever, cough, nasal congestion/runny nose, sore throat, shortness of breath, diarrhea, nausea/vomiting, low energy, headache, body aches, poor appetite, new loss of taste or smell.*

*\*\*Fever is defined as temperature 100.4F. “Resolution of fever” means the student has a temperature below 100.4 WITHOUT the use of medication. If fever was never present, the other guidelines must still be followed.*

**Please select one (per KDHE guidelines):**

1. \_\_\_\_\_\_ Student HAS another source of symptoms; SARS-COV2 testing was NOT done. Diagnosis made: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student may return to school on date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­.
2. \_\_\_\_\_\_ Student DOES NOT have another source of symptoms; SARS-COV2 testing was NOT done. Student may return to school 72 hours after fever\*\* has resolved and other symptoms are improving. Student must stay home a MINIMUM of 10 days from the onset of symptoms.
3. \_\_\_\_\_\_ Student had a NEGATIVE test for SARS-COV2, and another source of symptoms. Student may return to school 24 hours after symptoms have resolved, per doctor’s note.
4. \_\_\_\_\_ Student had a NEGATIVE test for SARS-COV2, but is at risk of having a false negative based on risk factors, clinical symptoms, and medical judgment. Student may not return to school until 72 hours after fever\*\* has resolved and other symptoms are improving. Student must stay home a MINUMUM of 10 days from the onset of symptoms.
5. \_\_\_\_\_ Student had a POSITIVE test for SARS-COV2 or is a PRESUMED POSITIVE due to symptoms and close contact with a confirmed COVID positive individual. Student must stay home until 72 hours after fever\*\* has resolved and other symptoms are improving. Student must stay home a MINUMUM of 10 days from the onset of symptoms.
6. \_\_\_\_\_\_Student is asymptomatic but had a POSITIVE test for SARS-COV2 and must stay home for 10 days from the date of the test. If symptoms develop, the student must THEN stay home until 72 hours after fever\*\* resolves and other symptoms are improving, with a MINIMUM of 10 days from the onset of symptoms.
7. \_\_\_\_\_\_Student has had close contact with someone with COVID-19 and must quarantine for 14 days from the date of the last exposure, regardless of test results. (**Close contact** is defined as any individual who was within 6 feet of an infected person for at least 10 minutes regardless of masking, starting from 2 days before illness onset, or for asymptomatic patients, 2 days prior to positive specimen collection).

Physician/APRN/PA/RN name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_

Clinic/facility name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone: \_\_\_\_\_\_\_\_\_\_\_

***I hereby authorize release of this information to the health department, school official, trainer and coach if applicable, and medical provider of information contained in this document.*** (*Two copies of this form are provided, one for family/student ‘s own health care records and one for the school records.)*

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Clearance for return to school during COVID pandemic**

Patient’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School/Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Based on current KDHE guidelines, the patient’s exam, and results for any tests that may have been performed, this patient may return to school once any fever has resolved for at least 72 hours (without the use of fever reducing medication) and other symptoms are improving and the date below has been met.

The **earliest date** this patient may return to school is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This statement is valid based on relevant information on the date below, but may change based on new symptoms, exposures, or results. The patient and family should seek medical care for any new concerns.

Physician/PA/APRN/RN name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Office Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Clinic/facility address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School Note to parent/guardian: student sent home due to Illness during COVID pandemic**

Student name: ­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade/Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear parent or guardian,

Your child is sent home from school today due to the following signs/symptoms:

Signs and symptoms of COVID-19 most commonly experienced in children include: fever, cough, nasal congestion/runny nose, sore throat, shortness of breath, diarrhea, nausea/vomiting, low energy, headache, body aches, poor appetite, and/or new loss of taste or smell.

Most healthy children will recover well from COVID-19 as they would for other cold viruses. However, we strongly recommend that you contact your child’s medical provider to ensure the best possible health and outcome for your child and family, and for the safety of our school and community.

To ensure your child is safe to return to school, you may either:

1. Have your child evaluated by a physician/medical provider who can provide appropriate care and determine when your child may return to school based on the accompanying form, or
2. Keep your child home and provide supportive home care for a minimum of 10 days after today’s date. Your child may return to school on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) provided that:

* your child is fever free (temperature less than 100.4) for more than 72 hours without fever reducing medications **and**
* all symptoms of illness are improving

School staff name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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