Appendix B: Return to School Document	<u></u>	
Patient's/Student's Name:	DOB	
Name of School District:		chool:
Onset of Symptoms: Last Day in School:		
SYMPTOMATIC / NOT TESTED / NOT A CI	LOSE CONTACT¹ TO	A POSITIVE CASE
	no antipyretic use and o	CoV2 testing was NOT done, and may return to other symptoms are improving. (The provider must e a note explaining the alternate diagnosis).
provider is not confident that COVID-19 is excl	luded & SARS-CoV2 to	they have a source for their symptoms but the esting was NOT done. Patient may return to school at 24 hours fever-free <sup>2</sup> with no antipyretic use and
SYMPTOMATIC / NEGATIVE COVID-19 TI	EST / NOT A CLOSE (	CONTACT¹ TO A POSITIVE CASE
3.) Student had a NEGATIVE NAAT test to school when they are 24 hours fever-free <sup>2</sup> wi		vell as another source for symptoms, and may return d other symptoms are improving.
	ol after a MINIMUM of	high suspicion of possible false negative test based f <b>10 days</b> from the onset of symptoms with the last ving.
POSITIVE COVID-19 TEST WITH OR WITH	HOUT SYMPTOMS	
5.) Student had a POSITIVE test for SAI symptoms with the last 24 hours fever-free <sup>2</sup> wit	•	home for a MINIMUM of 10 days from the onset of dother symptoms improving.
6.) Student is asymptomatic but had a PO of the test. If symptoms develop, the student mu symptoms with the last 24 hours fever-free <sup>2</sup> wit	ust THEN stay home for	
CLOSE CONTACT <sup>1</sup> TO A COVID-19 POSI	TIVE PERSON	
quarantine for <b>10 days</b> from the date of the last member and the student is unable to quarantine the last contagious day of the positive case.	exposure to the positive from the case, the stude to school after a MINII	and close contact <sup>1</sup> to someone with COVID-19 must be case. If the positive COVID-19 case is a household ent's quarantine date will be extended 10 days past MUM of 10 days from the onset of symptoms with as improving.
• •	• •	are asymptomatic are not subject to quarantine.
The <b>EARLIEST</b> this patient may return to scho Physician's Name: S Office name & phone:	ool is:	(To be verified by ECDOH)
If testing is PENDING, please complete the form only af		student may not return while a test is pending.

<sup>1</sup>Close contact is defined as students who are within 3 ft in the classroom setting or teachers/staff who are within 6 ft for  $\geq$  15 minutes in a 24-hour period regardless if masks were worn. Fully vaccinated asymptomatic individuals are not quarantined.

 $^{2}$ Fever is defined as ≥100.0°F. If fever was never present, the other guidelines must still be followed.

This statement is valid based on relevant information on the date above, but may change based on new symptoms, exposures, or results. The patient's family has been instructed to notify the office for any changes.

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