



Section 2

RETURN TO SCHOOL DOCUMENTATION (to be filled out by health care provider)

Student's Name: _____

Date: _____

Date sent home from school or first day kept home from school: _____

COVID Testing:

- Not Done
- Positive
- Negative
- Pending

The **earliest** this patient may return to school is: _____

Doctor's Name: _____

Doctor's Signature: _____

Please select one (per NYS guidelines):

_____ Student found to have symptoms consistent with COVID. COVID testing was NOT done, student may return to school 72 hours after fever has resolved and other symptoms have improved, with a MINIMUM of 10 days from the onset of symptoms.

_____ Student has a NEGATIVE COVID test and may return to school 24 hours after fever has resolved and symptoms have improved.

_____ Student has a POSITIVE COVID test and must stay home until 72 hours after fever has resolved and other symptoms have improved, with a MINIMUM of 10 days from the onset of symptoms.

_____ Student is asymptomatic but has a POSITIVE COVID test, 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.

_____ Student has a known exposure to someone with COVID-19 and must quarantine for 14 days from the date of the last exposure, regardless of test results.

_____ Student has a PENDING COVID test. No school until student has received results of test. Return to school guidance as above.

Stamp: