

# COVID-19 PHYSICIAN LETTER FOR STUDENTS

Practice Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Date sent home or first day kept home from school: \_\_\_\_\_

**This student has been evaluated by a physician due to symptoms consistent with COVID-19 or exposure to a person with COVID-19. The student's status and conditions for return to school are marked below.** Return-to-school conditions are based on current Centers for Disease Control and Prevention (CDC) guidelines and are intended to complement school policy. Return-to-school conditions may change based on new guidelines, symptoms, exposures, or results. Parent/guardian has been instructed to notify the school and physician of changes to the student's symptoms, exposures, or results.

*If testing is PENDING, the physician should complete the form only after results are available. Notify parent or guardian that student may not return while a test is pending and must quarantine at home until results are available.*

Status (Check only ONE)	COVID-19 Testing <sup>1</sup>	Test Result	Is student symptomatic?	RETURN-TO-SCHOOL CONDITIONS
<input type="checkbox"/>	N/A	N/A	N/A	<b>Student has had close contact<sup>2</sup> with someone confirmed to have COVID-19 and must quarantine for 14 days from the date of last contact unless a positive COVID test is noted below.</b>
<input type="checkbox"/>	Not performed	N/A	Yes, <i>but other source determined</i>	Student may return to school 24 hours after fever <sup>3</sup> has resolved, other symptoms have improved, and the other source of symptoms is resolved. <i>Other symptom source (optional):</i> _____
<input type="checkbox"/>	Not performed	N/A	Yes, source undetermined	Student may return to school 24 hours after fever <sup>3</sup> has resolved and other symptoms have improved, after a MINIMUM of 10 days from symptom onset.
<input type="checkbox"/>	PCR or Antigen	—	Yes, <i>but other source determined</i>	Student may return to school 24 hours after fever <sup>3</sup> has resolved, other symptoms have improved, and the other source of symptoms is resolved. <i>Other symptom source (optional):</i> _____
<input type="checkbox"/>	PCR	—	Yes, source undetermined	Student's constellation of symptoms is significant enough to be still considered at risk and may not return to school until 24 hours after fever <sup>3</sup> has resolved and other symptoms have improved for a MINIMUM of 10 days from symptom onset.
<input type="checkbox"/>	PCR	—	Yes, source undetermined	Student's negative test result indicates symptoms are unlikely to be due to COVID-19. Student may return to school 24 hours after fever <sup>3</sup> has resolved and other symptoms have improved.
<input type="checkbox"/>	Antigen	—	Yes, source undetermined	Student still considered at risk and may not return to school until 24 hours after fever <sup>3</sup> has resolved and other symptoms have improved, with a MINIMUM of 10 days from symptom onset.
<input type="checkbox"/>	PCR or Antigen	+	Yes, source is presumed COVID-19	Student must stay home until 24 hours after fever <sup>3</sup> has resolved and other symptoms have improved, with a MINIMUM of 10 days from symptom onset.
<input type="checkbox"/>	PCR or Antigen	+	No, student is asymptomatic	Student must stay home for 10 days from the date of the test. If symptoms develop, the student must THEN stay home until 24 hours after fever <sup>3</sup> resolves and other symptoms have improved, with a MINIMUM of 10 days from symptom onset.
<input type="checkbox"/>	Other comments:			

Earliest date this student may return to school: \_\_\_\_\_ Today's date: \_\_\_\_\_

Physician name: \_\_\_\_\_ Parent or guardian name: \_\_\_\_\_

Physician signature: \_\_\_\_\_ Parent or guardian signature: \_\_\_\_\_

<sup>1</sup> Antibody testing cannot diagnose current COVID-19 infection and should not be used to determine conditions for a student's return to school.

<sup>2</sup> CDC defines close contact as the following:

- You were within 6 feet of someone who has COVID-19 for a total of 15 minutes or more (regardless if either person was wearing a mask).
- You provided care at home to someone who is sick with COVID-19.
- You had direct physical contact with the person (hugging or kissing).
- You shared eating or drinking utensils.
- Someone sneezed, coughed, or somehow got respiratory droplets on you.

<sup>3</sup> Fever is defined as >100.4 °F. Fever is resolved if a student's temperature is below 100.4 °F for 24 hours WITHOUT the use of medication. If fever was never present, all other guidelines must still be followed.