Section 1. Completed by School Nurse

Student presented to the health office with the following complaints:

__________________________________________________________________________

____________________________________________________________________________________

Additional comments or observations:

____________________________________________________________________________________

____________________________________________________________________________________

Does the student have any of the following symptoms:

- Fever (>100°F) or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- Loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Yes☐ No☐

Temperature: ____________

Completed by: __________________________

In order for your child to return to school, have a health care provider fill out Section 2 of this form.

COVID-19 Testing is available at:

- Montefiore New Rochelle Hospital Walk-In Testing Site on Lockwood Avenue and Glover Johnson Place, Monday through Friday, 9am - 4:30pm

Glen Island Drive-Thru Testing Site - Call the NYS Coronavirus Hotline, **1-888-364-3065**, to schedule an appointment
Section 2 RETURN TO SCHOOL DOCUMENTATION (to be filled out by health care provider)

Student’s Name: _____________________________ Date:____________________

Date of onset of symptoms: __________

COVID Testing (date test taken:_________) Type of COVID test (circle one): PCR  Antigen/Rapid

☐ Not Done
☐ Positive
☐ Negative
☐ Pending

The earliest this patient may return to school is: __________

Healthcare Provider’s Name: _______________________________ Phone Number:________________

Healthcare Provider’s Signature: _______________________________

Stamp:

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.