CITY SCHOOL DISTRICT OF NEW ROCHELLE
HEALTH SERVICES DEPARTMENT
515 NORTH AVENUE
NEW ROCHELLE, NEW YORK 10801

Student Name:_______________________________ Grade _____ Date ___________ Time ____________

School Name: ___________________________ Health Office Phone Number: _____________________

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	Yes☐	No☐
Cough	Yes☐	No☐
Shortness of breath or difficulty breathing	Yes☐	No☐
Fatigue	Yes☐	No☐
Muscle or body aches	Yes☐	No☐
Headache	Yes☐	No☐
Loss of taste or smell	Yes☐	No☐
Sore throat	Yes☐	No☐
Congestion or runny nose	Yes☐	No☐
Nausea or vomiting	Yes☐	No☐
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

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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.