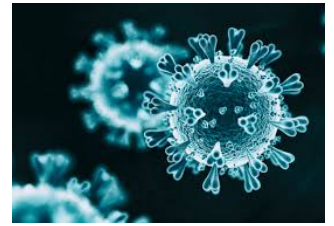


# COVID-19 Protocols



## Return to School Protocols

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_

*Please check the appropriate box to indicate the student's ability to return to school:*

- Student **WAS found to have** another source of observed symptoms, SARS-COV2 testing was **NOT** done and student has NO known close contact to COVID-19 positive disease. Student may return to school 24 hours after fever has resolved, without the use of fever reducing medication, and other symptoms improving
- Student **NOT found to have** another source of symptoms, SARS-COV2 testing was **NOT** done. Student may return to school after 14 days from onset of symptoms and at least 24 hours after fever has resolved, without the use of medication, and other symptoms improving
- Student had a **NEGATIVE** test for SARS-COV2 and has NO known close contacts with COVID-19 positive disease. Student may return to school 24 hours after symptoms have resolved
- Student is **symptomatic** and has returned a **NEGATIVE** test for SARS-COV2 but is considered at risk for COVID19. Student may NOT return to school until 24 hours after fever has resolved, without the use of fever reducing medication, and other symptoms improving, with a MINIMUM of 14 days from the onset of symptoms
- Student is **symptomatic** with a **POSITIVE** test for SARS-COV2 and must stay home until 24 hours after fever has resolved, without the use of fever reducing medication, and other symptoms improving, with a MINIMUM of 14 days from both the onset of symptoms
- Student is **asymptomatic** but had a **POSITIVE** test for SARS-COV2 and must stay home for 14 days from the date of test. If symptoms develop, the student must THEN stay home a MINIMUM of 14 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 last exposure on** \_\_\_\_\_, regardless of test results.
- Student has returned to CT after being in a state on the latest CT Travel Advisory and must quarantine for 14 days from the date of return. **Date of return to CT:** \_\_\_\_\_

*This statement is valid based only on clinical history, physical exam and lab findings documented on the date below. The return to school status and date may change based on new symptoms, exposures, or results. The patient's family agrees to notify this office with any changes.*

This form should not be completed if SARS-COV2 testing is pending.  
A student may NOT return to school while COVID-19 testing is pending

**Child's name and date of birth**

**Date first sent home from school/kept home from school**

**Date of Symptom Onset**

**Earliest date the student may return to school**

**Physician's Name**

**Physician's Signature and Date**

**Parents' Name**

**Parents' Signature and Date**

**Clinical Notes:**