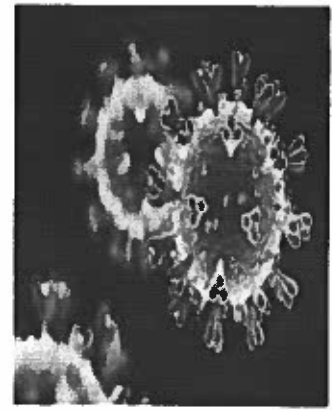


# COVID-19 PROTOCOLS



If your child is unable to come to school or is dismissed from school with symptoms that may indicate Co-vid 19 or other contagious illness, please have your doctor complete this form.

## Region 1 Physician assessment/note to return to school

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
- Students were **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** but has returned a **NEGATIVE** test for SARS-COV2. They are still considered to have illness consistent with COVID19. Student may NOT return to school for a MINIMUM of 14 days from the onset of symptoms and must be fever free for 24 hours prior to their return without the use of fever reducing medication and other symptoms improving
- Student is **symptomatic** with a **POSITIVE** test for SARS-COV2 and must stay home for a MINIMUM of 14 days from the onset of symptoms and must be fever free for 24 hours prior to their return without the use of fever reducing medication and other symptoms are improving,
- Student is **asymptomatic** but had a **POSITIVE** test for SARS-COV2 and must stay home for 14 days from the date of the test. If they develop symptoms, the student must THEN stay home a MINIMUM of 14 days from the onset of symptoms
- Students have a known exposure to someone with COVID-19 and must quarantine for 14-days from the **date of last exposure to the COVID positive patient** \_\_\_\_\_, regardless of test results.
- Student has returned to CT after being in a state on the latest CT Travel Advisory list and must adhere to current CT guidance (quarantine for 14 days) **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 the school nurse 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

<b>Child's name and date of birth</b>	
<b>Date first sent home from school/kept home from school</b>	
<b>Date of Symptom Onset</b>	
<b>Earliest date the student may return to school</b>	
<b>Physician's Name</b>	
<b>Physician's Signature and Date</b>	
<b>Parents' Name</b>	
<b>Parents' Signature and Date</b>	

**Additional comments:**