



Permission to Return to School

Patient Name: _____ Date of Visit: _____

Date of Exposure (if applicable): _____ Date of Test (if applicable): _____

Date of First Symptoms (if applicable): _____

The following return-to-school guidance aligns with the recommendations of the CDC and VDH and reflects the best possible clinical assessment of a licensed medical provider at the time of service and any applicable test results. This guidance is not a guarantee of any individual's current health status.

- Patient tested **POSITIVE** for COVID-19 and experienced symptoms. Patient may return to school 10 days after symptoms started, as long as patient has been free of fever for at least 24 hours* and symptoms have improved.
- Patient tested **POSITIVE** for COVID-19 and has **NOT** experienced symptoms. Patient can return to school 10 days after the test was taken.
- KNOWN EXPOSURE**: Patient tested **NEGATIVE** or was **NOT TESTED**, but has been in close contact with a person known to have COVID-19. Patient may return to school 14 days after last contact with the person with COVID-19 as long as no symptoms develop.
- HOUSEHOLD CONTACT NOT ISOLATED**: Patient tested **NEGATIVE** or was **NOT TESTED** but is a household contact of a person known to have COVID-19 and is unable to fully isolate from that person. Patient may return to school 14 days after the person with COVID-19 was able to end isolation.
- Patient experienced symptoms that could be related to COVID-19, but tested **NEGATIVE** and does not have any known exposures or ill contacts. Patient does not require quarantine. Patient may return to school when free of fever for 24 hours* and symptoms have improved.
- Patient experienced symptoms that may be consistent with COVID-19, but was **NOT TESTED**. Patient may return to school 10 days after the start of symptoms as long as patient has been free of fever for at least 24 hours* and symptoms have improved.
- Patient was evaluated according to VDH guidelines for community incidence level of COVID-19. A non-COVID source of symptoms was identified so **TESTING WAS NOT INDICATED**. Patient can return to school when fever-free for 24 hours* and symptoms have improved.

The patient and/or caregiver have been notified of the test results and have been instructed to follow the guidelines above with regard to school attendance.

Medical Provider Signature: _____ MD / DO / NP / PA

Printed Name or Practice Stamp: _____

* without using fever-reducing medicine