**RETURN TO SCHOOL DOCUMENTATION** (to be filled out by health care provider)

Student’s Name: Date:

Date of first symptoms:

**COVID Test:**

Dateoftest: \_\_\_/\_\_\_/\_\_\_

Results:

⃝ Not Done

⃝Positive

⃝Negative

⃝Pending

Type ofCOVIDtest: PCR Antigen/Rapid

The **earliest** this patient may return to school is:

Please select one (per NYS guidelines):

 Student has a NEGATIVE COVID test and must stay home until 24 hours after fever has resolved and symptoms have improved.

 Student found to have symptoms consistent with COVID. COVID testing was NOT done, student 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 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 has resolved and other symptoms have improved, with a MINIMUM of 10 days from the onset of symptoms.

 Student has a PENDING COVID test. No school until student has received results of test or until 72 hours after fever has resolved and other symptoms have improved, with a MINIMUM of 10 days from the onset ofsymptoms.

 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.

Health Care Provider’sName:

Health Care Provider’sSignature:

Stamp: