

SICK STUDENT NOTIFICATION

Student Name: _____

Date: _____

School: _____

Time: _____ AM/PM

Parent/Guardian:

Your student presented to the health room today with the following new and unexplained symptoms:

- Fever/chills Cough Shortness of breath New Loss of taste/smell
Temp: _____
- Sore throat Fatigue Muscle aches Runny nose/congestion
 Stomachache Diarrhea Nausea/Vomiting Headaches
 Other _____

Due to COVID-19 in the community, evaluation by a healthcare provider is recommended for all sick children. Please take this form to your healthcare provider.

School Public Health Nurse/Aide Observation:

Comments: _____

Signature: _____ RN / Health Aide

Follow the Return to School Policy if your child was sent home with any of the above symptoms:

IF NO KNOWN EXPOSURE TO COVID-19 AND:

- **No COVID-19 test or Positive COVID-19 test** – Stay home until **10 days** from onset of symptoms, no fever for 24 hours without fever-reducing medication AND symptoms are improving.
- **COVID-19 Test is negative** – Stay home until no fever for 24 hours without fever-reducing medication AND symptoms are improving.
- **Alternate diagnosis by a healthcare provider that explains symptoms** – stay home until no fever for 24 hours without fever-reducing medication AND symptoms are improving or longer per healthcare provider's instructions.

IF KNOWN EXPOSURE TO COVID-19:

- **No Covid-19 test or negative test:** Stay home for **14 days** from date of last exposure, no fever for 24 hours without fever-reducing medication AND symptoms are improving.
- **COVID-19 test is positive:** Stay home until **10 days** from onset of symptoms, no fever for 24 hours without fever-reducing medication AND symptoms are improving.

www.fairfaxcounty.gov/health/novel-coronavirus

703-267-3511, TTY 711

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Permission to Return to School/Child Care

Patient Name: _____ Date of Visit: _____

Date of Most Recent 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 Centers for Disease Control & Prevention and the Virginia Department of Health and reflects the best possible clinical assessment of a healthcare provider at the time of service and any applicable test results. This guidance is not a guarantee of any individual's current health status.

Check one:

____ 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.

____ 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.

____ 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 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.

____ 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.

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

** without using fever-reducing medication*

The earliest date this patient may return to school is _____. This statement is valid based on current relevant information but may change based on new symptoms, exposures, or results. The patient's family has been instructed to notify the office for any changes.

Signature: _____ MD/DO/NP/PA/RN/LPN Phone #: _____

Name: _____

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