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, if they have been fever-free for at least 24 hours\*, symptoms have improved and clearance note received from local health department.

[ ]  Patient tested **POSITIVE** for COVID-19 and has **NOT** experienced symptoms. Patient can return to school 10 days after the test was taken and clearance note received from local health department.

[ ]  *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 if no symptoms develop and clearance note received from local health department.

[ ]  *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 and clearance note received from local health department.

[ ]  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 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 fever-free 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 and provided with a copy of any 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**