**Permission to Return to School/Childcare**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Check appropriate box below** | **SYMPTOMATIC** | **TEST RESULTS** | **OTHER DIAGNOSIS FOR SYMPTOMS** | **KNOWN EXPOSURE TO COVID-19** | **RETURN TO SCHOOL GUIDELINES** |
| **NOT VACCINATED or Vaccinated with symptoms** |
|  | YES | POSITIVE | N/A | N/A | 10 days after symptoms started AND free of fever for at least 24 hours\* AND symptoms improved. |
|  | YES | Testing NOT Indicated | YES | NO | Return to school when no fever for 24 hours\* AND symptoms improved. |
|  | YES | No test done | NO | N/A | Return to school 10 days after start of symptoms and no fever for 24 hours\* AND symptoms improved |
|  | YES | NEGATIVE | NO | NO | Return to school when no fever for 24 hours and symptoms have improved |
|  | NO | POSITIVE | N/A | N/A | 10 days from date of positive test |
|  | NO | NEGATIVE | N/A | YES | Return to school 14 days after last contact (if patient remains asymptomatic) |
|  | NO | No test done | N/A | Household contact of person with COVID-19 **and unable to isolate** | Return to School 14 days after the person with COVID-19 is able to end isolation |
|  | NO | NEGATIVE on day 5-7 after exposure | N/A | YES | Return to school after negative test documented |
| **VACCINATED (completed full vaccination with documentation)** |
|  | NO | Testing not indicated | N/A | YES | No Quarantine, may attend school and activities without restriction |
|  | **YES** | **Regardless of vaccination status, if symptomatic, all guidelines above for unvaccinated apply.** |

\*without using fever-reducing medication

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

Based on the details of the visit, the guidelines above and any applicable test results, the patient may return to school or childcare on

(Date: MM/DD).

Signature: MD/DO/NP/PA/RN/LPN

  

 rev. June 2021