

Dear Parent or Guardian,

Your child is being sent home or kept home from school because he or she has come to the health office or notified our health office of possible COVID-19 symptoms. Please, be aware that it is rare for a young person to have severe symptoms of the disease. Young people with COVID-19 typically have very mild symptoms or are asymptomatic. Their symptoms are often different than adults. They may spread the disease to others in school even though their symptoms have resolved quickly and did not seem worrisome. Please read the following information carefully and follow the return to school instructions.

Possible symptoms of COVID-19:

- Fever or chills (temp 100.0 or higher)
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Return to school process:

Please review the attached information regarding NYS Department of Health requirements for your child to return to school. You are encouraged to provide this letter, the attached page and the attached return to school form to your child's Healthcare provider.

We ask for your cooperation and understanding. Any parents or guardians who have difficulty accessing the required medical release from their primary care provider, or a COVID-19 test should contact the school Principal who will refer the issue to a school nurse, social worker, or the district's medical director.

In the event that you determine not to have your child evaluated by a health care provider or have a COVID test your child may not return to school until the local health department has released them from isolation which is typically:

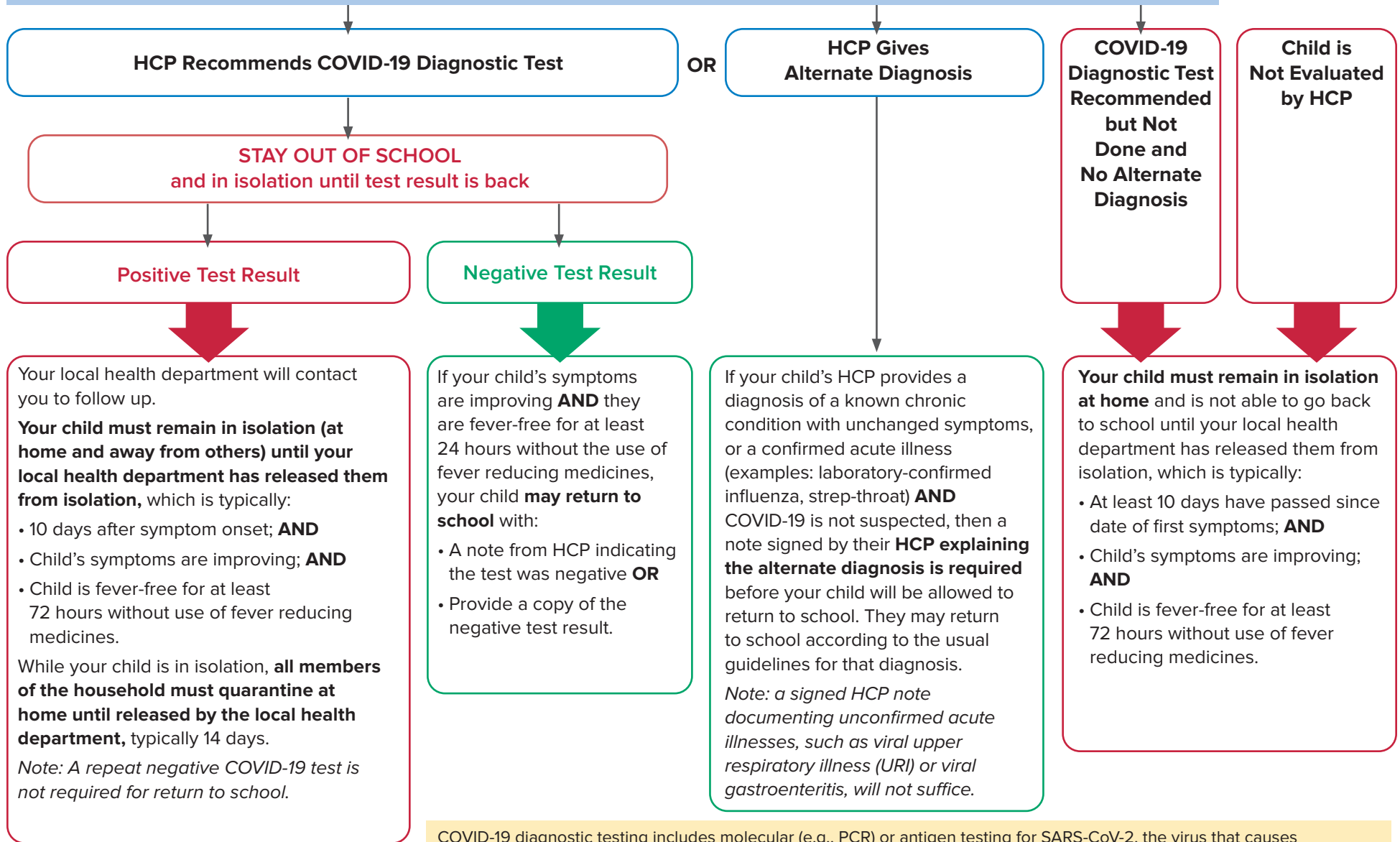
- At least 10 days have passed since the day symptoms started; AND
- **Symptoms have resolved**; AND
- They are fever-free for at least 72 hours without use of fever-reducing medications.

******Documentation must be complete, submitted to the Health Office, and approved prior to returning to school ******

Thank you for your assistance!

My child has COVID-19 symptoms. When can they go back to school?

HEALTHCARE PROVIDER (HCP) EVALUATION FOR COVID-19 (can be in-person or by video/telephone as determined by HCP)



COVID-19 diagnostic testing includes molecular (e.g., PCR) or antigen testing for SARS-CoV-2, the virus that causes COVID-19. Diagnostic testing may be performed with a nasopharyngeal swab, nasal swab, or saliva sample, as ordered by the health care provider and per laboratory specifications. At times, a negative antigen test will need to be followed up with a confirmatory molecular test. Serology (antibody testing) cannot be used to rule in or out acute COVID-19.

**East Greenbush Central School District
Return to School after Illness Form**

Note: East Greenbush Central Schools require an evaluation from a health care provider AND either an alternate diagnosis or a negative COVID test result to return to school after an illness.

Instructions:

1. Complete information: (name, DOB, etc.)
2. Indicate which symptom the patient was referred for an evaluation and date of onset
3. COVID test ordered- yes or no
4. Complete today's diagnosis
5. Indicate if this is a chronic condition: briefly describe the chronic illness
6. HCP information sign and date

1. Patient Name: _____ Patient Date of Birth: _____

2. Symptom referred for evaluation:	Date of Onset: _____
<input type="checkbox"/> Fever or chills (temp 100.0 or higher) <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of breath or difficulty breathing <input type="checkbox"/> Fatigue <input type="checkbox"/> Muscle or body aches <input type="checkbox"/> Headache	<input type="checkbox"/> New loss of taste or smell <input type="checkbox"/> Sore throat <input type="checkbox"/> Congestion or runny nose <input type="checkbox"/> Nausea or vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Other: _____

3. COVID Test Ordered Yes ___ No ___ Results _____ Results Date: _____

4. Today's diagnosis: *acute illnesses, such as viral upper respiratory illness, or viral gastroenteritis, will not suffice.*

5. **Is this a chronic condition:** yes no

Has the patient previously been treated for this condition? yes no

Is there a change in symptoms? yes no

If a chronic condition is present, please include any details of the illness that may help the school nurse differentiate it from COVID-19 symptoms.

HCP Name (print): _____ Telephone: _____

HCP Signature _____ Date: _____