



RETURN TO SCHOOL/CHILDCARE PLAN

Patient Name: _____

Date of Visit: _____

Date of Exposure (if applicable): _____

Date of Test (if applicable): _____

Date of First Symptoms (if applicable): _____

Please list symptoms in their entirety: _____

The following return-to-school guidance aligns with the recommendations of the CDC and VDH 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.

____ 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**

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

Adapted from CHKD