

Student Name: _____

Date: _____

Your student is being sent home because they have exhibited or expressed symptoms that could be attributed to COVID-19.

High Risk:

- ☐ **Coughing**
- ☐ **Shortness of breath or difficulty breathing**
- ☐ **Loss of Taste or Smell**

Low Risk:

- ☐ **Vomiting/Nausea/Stomachache**
- ☐ **Diarrhea**
- ☐ **Sore Throat**
- ☐ **Muscle Aches or Pain**
- ☐ **Headache**
- ☐ **Weakness or Fatigue**
- ☐ **Runny Nose or Nasal Congestion**
- ☐ **Fever (≥ 100.4 F) or Chills**

If the student has 1 new or unexplained Low-Risk Symptom and has had NO exposure to someone with COVID-19, student must stay home until 24 hours after symptoms are improving without the use of fever/pain reducing medication.

If the student has 1 new or unexplained High-Risk symptom or 2 new or unexplained Low-Risk symptoms and has had NO exposure to someone with COVID-19, student must remain home until one of the following criteria are met:

1. Parent provides a note from their health care provider clearing the student for school. Under this circumstance, student may return 24 hours after the fever is gone and symptoms are improving without the use of fever/pain reducing medications.
2. If a health care provider's note clearing the student for school is NOT provided, the student may return if they provide a negative PCR COVID-19 test and 24 hours after the fever is gone and symptoms are improving without the use of fever/pain reducing medications.
3. If the student does not get a PCR COVID-19 test or consult their health care provider, they must remain home for 10 days and symptoms have improved.

If you have questions, please contact your school nurse.

Nurse: _____

Contact Info: _____