SICK STUDENT NOTIFICATION

Student Name: _____ Date: _____

School: _____ Time: _____ AM/PM

Parent/Guardian:

Your student presented to the health room today with the following new and unexplained symptoms:

☐ Fever/chills ☐ Cough ☐ Shortness of breath ☐ New loss of taste/smell

Temp: _____

☐ Sore throat ☐ Fatigue ☐ Muscle aches ☐ Runny nose/congestion

☐ Stomachache ☐ Diarrhea ☐ Nausea/vomiting ☐ Headaches

☐ Other: _____

Due to COVID-19 in the community, evaluation by a healthcare provider is recommended for all sick children. Please take this form to your healthcare provider.

School Public Health Nurse/Aide Observation:

Comments: _____

_____

Signature: _____ *RN / Health Aide*

SAMPLE SAMPLE SAMPLE

Follow the **Return to School Guidance** below if your child was sent home with any of the above symptoms:

If NO close contact with COVID-19 case:

- **Positive COVID-19 test** – Isolate by staying home until ***10 days*** from onset of symptoms, no fever for 24 hours without fever-reducing medication AND symptoms are improving; or ***10 days*** from day of positive test if never had symptoms.
- **Negative COVID-19 Test** – Stay home until no fever for 24 hours without fever-reducing medication AND symptoms are improving.
- **No testing done and no alternate diagnosis** – Isolate by staying home until ***10 days*** onset of symptoms, no fever for 24 hours without fever-reducing medication AND symptoms have improved.
- **Alternate diagnosis by a healthcare provider that explains symptoms** – Stay home until no fever for 24 hours without fever-reducing medication AND symptoms are improving or longer as per provider's instructions.

If close contact with a COVID-19 case:

- **Positive COVID-19 test** – Isolate by staying home until ***10 days*** from onset of symptoms, no fever for 24 hours without fever-reducing medication AND symptoms are improving; or ***10 days*** from day of positive test if never had symptoms.
- **Negative COVID-19 test or no testing done** – Quarantine by staying home until ***14 days*** from the date of last exposure, no fever for 24 hours without fever-reducing medication AND symptoms have improved.

www.fairfaxcounty.gov/health/novel-coronavirus

703-267-3511, TTY 711

A Fairfax, Va., publication. Nov. 2020. For more information or to request information in an alternate format, call the Fairfax County Health Department at 703-246-2411. TTY 711.

Permission to Return to School/Child Care

Dear provider:

Please assess children with illness symptoms or COVID-19 exposure using the VDH Algorithm for Evaluating a Child with COVID-19 Symptoms or Exposure (https://www.vdh.virginia.gov/content/uploads/sites/182/2020/08/Evaluating-Symptoms-in-a-Child.pdf). Testing for SARS-CoV-2 is strongly recommended for all children who present any symptom of COVID-19 unless their history and clinical presentation is entirely consistent with a condition the child is known to have (e.g., allergies, asthma, migraine). Because children may have co-infections with SARS-CoV-2 and other pathogens, testing is encouraged even if another etiology is identified.

Patient Name: _____ Date of Visit: _____

Date of Most Recent Exposure *(if applicable)*: _____ Date of Test *(if applicable)*: _____

Date of First Symptoms *(if applicable)*: _____

Check all that apply:

___ I have assessed the child consistent with the VDH COVID-19 algorithm and provided recommendations consistent with the **Return to School guidance** (located in the blue box on the reverse side of this document)

___ No communicable disease has been identified, including COVID-19, based on:

- ___ Laboratory test results
- ___ An alternate, non-communicable diagnosis

The earliest date this patient may return to school is _____. This statement is valid based on current relevant information but may change based on new symptoms, exposures, or results. The patient's family has been instructed to notify the office for any changes.

Signature: _____MD/DO/NP/PA/RN/LPN Phone #: _____

Name: _____

References/Resources:

- For the current list of symptoms: www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html
- VDH Algorithm for assessing children: www.vdh.virginia.gov/content/uploads/sites/182/2020/08/Evaluating-Symptoms-in-a-Child.pdf
- Return to School Guidance form: http://bit.ly/FairfaxCOVIDChildForm