

Permission to Return to School/Childcare

Name _____ DOB _____ Today's Date _____
 Date of Exposure (if applicable): _____ Date of Test (if applicable): _____ Date of First Symptoms (if applicable): _____

Check appropriate box below	SYMPTOMS	TEST RESULTS	OTHER DIAGNOSIS FOR SYMPTOMS	KNOWN COVID-19 CLOSE CONTACT	RETURN TO SCHOOL GUIDELINES
Isolation and Quarantine recommendations are the same, regardless of vaccine status.					
<input type="checkbox"/>	YES	POSITIVE or NOT Tested	NO	N/A	Return to school on day 6 AND no fever for 24 hours* AND symptoms improved, if present. Wear well-fitting mask around others on days 6-10. If unable to mask, isolate for 10 days.** <i>First day of symptoms is considered Day 0. If no symptoms, day of positive test is Day 0.</i>
<input type="checkbox"/>	NO	POSITIVE	N/A	N/A	
<input type="checkbox"/>	YES	Testing NOT Indicated	YES	NO	Return to school when no fever for 24 hours* AND symptoms improved.
<input type="checkbox"/>	YES	NEGATIVE***	NO	NO	Return to school when no fever for 24 hours* AND symptoms improved.
<input type="checkbox"/>	NO	NEGATIVE or NOT Tested	N/A	YES	No quarantine. Return to school. Monitor for symptoms and test if symptoms develop. **** Exposed student without symptoms may choose to wear a mask for 10 days when around others indoors. The date of last exposure to the person with COVID-19 is considered Day 0.

*without using fever-reducing medication

Most healthcare providers are not able to offer serial COVID-19 tests for the same illness. However, when home testing is available, the following may be considered by families:

** Masking may be discontinued if patient has two negative tests 48 hours apart *after* day 5.

*** If symptoms present and PCR test negative, return when symptoms improved. If the first test is a rapid test and is negative, a second rapid test can be done 48 hours later to improve reliability (sensitivity) of detecting COVID-19.

**** If no symptoms, recommend testing on day 5 after last exposure.

The patient/caregiver was notified of the test results and has been instructed to follow the guidelines above regarding school attendance with final decision left to the school as guided by the local health department.

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

Virginia Chapter

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