

SICK CHILD? PLEASE FOLLOW THESE NEXT STEPS

NAME: _____

DATE: _____

GROUP A 1 or more symptoms	
Fever (100.4 or higher)	_____
Shortness of breath*	_____
Difficulty breathing	_____
New lack of smell or taste	_____

GROUP B 3 or more symptoms	
Sore throat	_____
Chills	_____
Muscle pain/body aches*	_____
Nausea or vomiting	_____
Headache*	_____
Diarrhea	_____
Rash*	_____
Cough*	_____
Fatigue*	_____

*Disregard this symptom if school personnel are already aware of non-COVID-19 chronic pre-existing condition that causes that symptom AND if the nature of that symptom (duration, intensity, etc.) is consistent with what school personnel are aware of.

Student may return to school when **one of the following actions is taken:**

1. A licensed doctor's note describing a medical condition unrelated to COVID-19 is provided **and** student is fever-free for 24 hours without medication. **OR**
2. Student isolates for 5 days from beginning of symptoms **and** student is fever-free for 24 hours without medication and without other COVID-19 symptoms. **OR**
3. Student is tested for COVID-19.

A. Negative Test: School receives a negative COVID-19 test result. Student is fever-free for 24 hours without medication and without other COVID-19 symptoms.

B. Positive Test: Follow state and local guidelines for isolation, quarantine, and contact tracing. Student may return when:

- a. Fever-free for 24 hours without medication **AND**
- b. Respiratory and presenting symptoms have improved **AND**
- c. Five days have passed since symptoms first appeared