

Oregon Physician or Healthcare Provider Return to School Template

Patient name _____ DOB _____

Date of medical evaluation _____ Date of symptom onset _____

Date of COVID-19 viral test (if applicable) _____

Name of physician or healthcare provider _____

Please check the appropriate assessment below:

_____ Patient has a NEGATIVE test for COVID-19. Child may return to school after 24 hours fever free and all symptoms improving.

_____ Patient has a POSITIVE test for COVID-19. Child may return to school/childcare after a minimum of 10 days after the start of symptoms, and after 24 hours fever free, and all symptoms improving.

_____ COVID-19 testing was not done. Patient has at least one primary COVID-19 symptom* and has no other source of symptoms. Child may return to school a minimum of 10 days after the start of symptoms, and after 24 hours fever free and all symptoms improving.

[note: A child should still be excluded from school x 10 days even if a non-COVID-19 'respiratory test,' such as a positive throat swab for rapid strep or a positive influenza test, is positive. Co-infection with COVID-19 was not ruled out].

_____ COVID-19 testing was not done. Patient has at least one primary COVID-19 symptom* and was found to have another clear non-respiratory source of symptoms. Child may return to school after 24 hours fever free and other symptoms improving.

[note: A child should still be excluded from school x 10 days even if a non-COVID-19 'respiratory test,' such as a positive throat swab for rapid strep or a positive influenza test, is positive. Co-infection with COVID-19 was not ruled out].

_____ COVID-19 testing was not done. Patient has no primary COVID-19 symptoms*. Child may return to school _____.

_____ Patient is not ill, but has a known exposure to someone with COVID-19 and must quarantine for 14 days from the date of the last exposure.

Last date of exposure: _____ (enter date or "unknown")

Immediate Household Contact: Yes _____ No _____

Signature of physician or healthcare provider _____

Definitions

Fever free: No fever for at least 24 hours, without the use of fever-reducing medication.

***"Primary" symptoms:** Cough, fever of 100.4°F or higher, chills, shortness of breath, difficulty breathing, new loss of taste or smell.