

# North Babylon School District

## Your Child Was Seen In the Health Office With Symptoms of COVID-19

Your child is being sent home today because they have one or more symptoms of COVID-19.

The Centers for Disease Control and Prevention (CDC) say symptoms may start **2-14 days after** exposure to the virus. Symptoms of COVID-19 are listed\* below and your child had the following symptom(s):

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Fever _____°F                            | <input type="checkbox"/> Tired/Fatigue              | <input type="checkbox"/> Stuffy nose/congestion |
| <input type="checkbox"/> Chills                                   | <input type="checkbox"/> Muscle / Body aches        | <input type="checkbox"/> Runny nose             |
| <input type="checkbox"/> Cough                                    | <input type="checkbox"/> Headache                   | <input type="checkbox"/> Stomach ache/Nausea    |
| <input type="checkbox"/> Shortness of breath or trouble breathing | <input type="checkbox"/> New loss of taste or smell | <input type="checkbox"/> Throwing up/Vomiting   |
|   | <input type="checkbox"/> Sore throat                | <input type="checkbox"/> Diarrhea               |

*\*This list does not include all possible symptoms. CDC will continue to update this as more is learned about COVID-19. Please see the CDC's [COVID-19 in Children and Teens](#) for more information.*

**According to the CDC, the COVID- 19 signs and symptoms below require immediate emergency care. If you see any one symptom below call 911 or take your child to the closest emergency room.**

Persistent pain or chest pressure	New confusion	Flushed/red cheeks	Bluish lips or face
Going to the bathroom a lot (diarrhea and urination)	Hard to wake or stay awake	Difficulty breathing, fast breathing, or trouble breathing at rest	Extremely exhausted and/or extreme irritability



### Please Bring This Form To Your Health Care Provider (HCP)

NYS Department of Health **REQUIRES** school staff/students with any one symptom of COVID-19 to see a health care provider **AND** have one of the items listed below to return to work/school.

<input type="checkbox"/> <b>Negative COVID Test:</b> proof is the lab result <b>OR</b> Health Care Provider (HCP who is a physician, nurse practitioner, or physician assistant) note
<input type="checkbox"/> HCP Note: <b>Explaining</b> a diagnosis of a known <b>Chronic Condition</b> with unchanged symptoms. Diagnosis alone is not enough.
<input type="checkbox"/> HCP Note of a <b>Confirmed Acute Illness</b> (e.g., laboratory-confirmed influenza, strep throat) <b>AND</b> COVID-19 is not suspected, then a note signed by a HCP <b>explaining</b> the alternate diagnosis is required. Diagnosis alone is not enough. Students may return to school as instructed by the HCP.