## Randolph Central Return to School/Work Form

has been ill and	may return to school according to the
(name)	
following ISDH guidance:	
Please provide the requested data:	
Date of symptom onset	
Or date of contact with known Covid-19	
Testing Result <b>And Date</b> of Test (pos, neg, pe	end (pending), or NP (not performed)
Covid-19 antigen or PCR	Rapid strep or culture
Covid-19 antibody IgM or IgG	Respiratory panel
Rapid flu	Other (test and result)
ISDH guidance (please check one):	
May return to school after 24 hours resolution	ignosis (strep, influenza, etc. as determined by a provider): on of fever AND note (including email and fax) from provider stating I the provider believes it's appropriate for the patient to return to
Not Tested (Covid-19) without Alternate Must remain home for at least 10 days from fever-reducing medicine and with improvem	the first day symptoms appeared <b>AND</b> 24 hours fever-free without
provider. It is appropriate for the st without fever-reducing medications Student does not have an Alterna The individual must isolate for at lea	if tested negative AND with an alternative diagnosis from their tudent to return to school once she/he is fever-free for 24 hours and with improvement of respiratory symptoms. Active Diagnosis.  ast 10 days from the first day symptoms appeared AND must be 24 using medications and with improvement of respiratory
Tested and Positive: Must remain home in isolation for at least 10 without fever-reducing medications and imp	O days from the date symptoms began <b>AND</b> 24 hours fever-free provement of respiratory symptoms.
	an 15 minutes of someone with confirmed COVID-19): Quarantine fo before returning to school. Must remain symptom-free to return to provider and refer to above guidelines.
Provider signature	Parent/Staff signature