



Illness Instructions

Date: _____ Student Name: _____

Symptoms of COVID19 could include cough, shortness of breath or difficulty breathing, fever over 100, fatigue, chills, muscle or body aches, headache, sore throat, congestion or runny nose, nausea, vomiting, diarrhea, or new loss of taste or smell. Below are the symptoms your student exhibited that suggest further evaluation for COVID 19.

Symptoms (those circled were present):

- Fever over 100.4 degrees F
- Cough
- Shortness of Breath
- Other (list)

If you are observing the symptoms below immediately contact your medical provider.

Emergency warning signs include*:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

*This list is not all-inclusive. Please consult your medical provider for any other symptoms that are severe or concerning. Your provider may want to discuss testing or other concerns with you.



Your student may return to school when the following are true:

1. Your medical provider has determined a different illness than COVID19 and cleared your student to return and symptoms are improved.

OR
2. You have negative test result for COVID 19 and no symptoms

OR
3. At least 10 days from first clinical diagnosis symptom and at least 24 hours fever free without fever reducing medication and symptoms are improving.

If your student is Covid Positive or they are a close contact to a confirmed COVID Positive person, the earliest date we would expect your student to return is _____. Any siblings living in the household of the Covid Positive or Close Contact student may not return for 14 days after the last day they were in contact with the ill person. You should try to isolate the COVID positive or Close Contact student from well family members while at home.

Please contact the local health department if for a Quarantine Clearance letter prior to returning.

A digital copy of any medical clearance must be received and acknowledged by the school prior to student returning (send to Nurse Kellie and Dr. Wojcik)

Siblings' names: _____

Return to school Date: _____