##### 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 AND has not had close contact with someone with a confirmed or presumptive case of 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, or if no symptoms, 10 days after the positive test

 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 had close contact with someone with a confirmed or presumptive case of*

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 100.4oF or higher, chills, shortness of breath, difficulty breathing, new loss of taste or smell.

**\*“Non-primary” symptoms**: Fatigue, muscle/body aches, headache, sore throat, nasal congestion or runny nose, nausea, vomiting, diarrhea.