



HEALTH CARE PROVIDER CLEARANCE TO RETURN TO SCHOOL

Return to school protocol must follow New York State Health and Education protocol (updated 9/30/20) and shall include, at minimum:

1. Documentation of evaluation by a Health Care Provider (HCP) indicating a diagnosis of a chronic condition with unchanged symptoms *or* a confirmed acute illness AND COVID-19 is not suspected AND no fever (temperature less than 100 degrees F) without the use of fever reducing medicine for 24 hours AND symptom improvement.

OR

2. A negative COVID-19 test result (may return when confirmed) AND no fever (temperature less than 100 degrees F) without the use of fever reducing medicine for 24 hours AND symptom improvement
3. If your child is not evaluated by HCP and COVID-19 test not done:
 Your child may return to in-person learning when:
 *at least 10 days since symptom(s) onset AND
 *child's symptoms are improving AND
 *child is fever-free for 72 hours without use of fever reducing medicines.

Student:

Grade:

Date Sent Home:

This child exhibited the following symptom(s) that are consistent with COVID-19.

Fever of	Cough	Shortness of Breath/Difficulty Breathing	Fatigue/Tired
Muscle/Body Aches	Headache	New Loss of Taste or Smell	Sore Throat
Congestion or Runny Nose	Nausea/Vomiting/Diarrhea		

Health Care Provider Clearance

Please indicate the alternate diagnosis for this child who exhibited symptoms consistent with COVID-19: refer to #1 in the above HCP clearance to return to school.

*NYSDOH (9/30/20): ***unconfirmed acute illness, such as URI or viral gastroenteritis, will NOT suffice***

Diagnosis

COVID-19 testing required by health care provider (HCP please indicate): YES: NO:

Student is cleared to return to school on _____ (Date)

PRINT Provider Name _____ Phone: _____

Provider SIGNATURE _____ DATE _____

Additional comments including COVID-19 Results

***Attach copy of COVID-19 Test result for the child.**