

Permission to Return to School/Childcare

Check appropriate box below	SYMPTOMATIC	TEST RESULTS	OTHER DIAGNOSIS FOR SYMPTOMS	KNOWN EXPOSURE TO COVID-19	RETURN TO SCHOOL GUIDELINES
NOT VACCINATED or Vaccinated with symptoms					
<input type="checkbox"/>	YES	POSITIVE	N/A	N/A	10 days after symptoms started AND free of fever for at least 24 hours* AND symptoms improved.
<input type="checkbox"/>	YES	Testing NOT Indicated	YES	NO	Return to school when no fever for 24 hours* AND symptoms improved.
<input type="checkbox"/>	YES	No test done	NO	N/A	Return to school 10 days after start of symptoms and no fever for 24 hours* AND symptoms improved
<input type="checkbox"/>	YES	NEGATIVE	NO	NO	Return to school when no fever for 24 hours and symptoms have improved
<input type="checkbox"/>	NO	POSITIVE	N/A	N/A	10 days from date of positive test
<input type="checkbox"/>	NO	NEGATIVE	N/A	YES	Return to school 14 days after last contact (if patient remains asymptomatic)
<input type="checkbox"/>	NO	No test done	N/A	Household contact of person with COVID-19 and unable to isolate	Return to School 14 days after the person with COVID-19 is able to end isolation
<input type="checkbox"/>	NO	NEGATIVE on day 5-7 after exposure	N/A	YES	Return to school after negative test documented
VACCINATED (completed full vaccination with documentation)					
<input type="checkbox"/>	NO	Testing not indicated	N/A	YES	No Quarantine, may attend school and activities without restriction
	YES	Regardless of vaccination status, if symptomatic, all guidelines above for unvaccinated apply.			

*without using fever-reducing medication

The patient/caregiver was notified of the test results and has been instructed to follow the guidelines above with regard to school attendance.

Based on the details of the visit, the guidelines above and any applicable test results, the patient may return to school or childcare on (Date: MM/DD).

Signature: _____ MD/DO/NP/PA/RN/LPN

Virginia Chapter

American Academy of Pediatrics
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