

Name \_\_\_\_\_ DOB \_\_\_\_\_ Today's date \_\_\_\_\_

Date of Exposure (if applicable): \_\_\_\_\_ Date of Test (if applicable): \_\_\_\_\_ Date of First Symptoms (if applicable): \_\_\_\_\_

# Permission to Return to School/Childcare

Check appropriate box below	SYMPTOMS	TEST RESULTS	OTHER DIAGNOSIS FOR SYMPTOMS	KNOWN CLOSE CONTACT W/ COVID-19	RETURN TO SCHOOL GUIDELINES
<b>NOT VACCINATED WITH SYMPTOMS or VACCINATED** WITH SYMPTOMS</b>					
	YES	POSITIVE	N/A	YES or NO	10 days after first symptoms started AND free of fever for 24 hours* AND symptoms improved
	YES	Testing NOT Indicated	YES	NO	Return to school when no fever for 24 hours* AND symptoms improved.
	YES	No test done	NO	YES or NO	Return to school 10 days after first symptoms and no fever for 24 hours* AND symptoms improved
	YES	NEGATIVE	NO	NO	Return to school when no fever for 24 hours AND symptoms have improved
<b>NOT VACCINATED and NO SYMPTOMS</b>					
	NO	POSITIVE	N/A	YES or NO	10 days from date of positive test
	NO	No test done	N/A	YES	Return to school 14 days after either: last exposure to close contact OR household contact completes isolation period. If patient develops symptoms during this time, they should be tested.
	NO	NEGATIVE on day 5-7 after exposure	N/A	YES	Return to school after negative test as per school guidelines. Quarantine may be 7 days, 10 days, or 14 days after exposure.
<b>VACCINATED** and NO SYMPTOMS</b>					
	NO	No test done OR Negative on day 3-5 after exposure	N/A	YES	No quarantine. May attend school and activities without restriction, but mask required for 14 days. While test is pending, recommend 6 ft distancing when not masked (lunch).
	NO	POSITIVE	N/A	YES or NO	10 days from date of positive test

\*without using fever-reducing medication

\*\*vaccinated fully with documentation

The patient/caregiver was notified of the test results and has been instructed to follow the guidelines above in regard to school attendance with final decision left to the school as guided by the local health department.

Signature: \_\_\_\_\_ MD/DO/NP/PARN/LPN

Virginia Chapter

American Academy of Pediatrics  
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