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**Return to School Excuse Form**

**NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The EARLIEST that this person may return to school/daycare/work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please excuse this child (or relative of this child) until this date.

The parents/guardian of this child agree by submitting this excuse to a school/daycare/work to disclose the healthcare information below. They understand by disclosing this healthcare information, the person or entity that receives it may disclose it, and the HIPAA Privacy laws may no longer protect it.

* **SARS-CoV2 TESTING WAS NEGATIVE OR NOT DONE:**  This patient has another source of symptoms and may return to school 24 hours after fever has resolved and other symptoms have improved.
* **SARS-CoV2 INFECTION**: This patient has symptoms consistent with SARS-CoV2 and/or a positive SARS-CoV2 test and may return when the following criteria are met: a MINIMUM of 10 days from the onset of symptoms, 24 hours with no fever\* and symptoms have improved.
* **CONTACT (BY CDC DEFINITION) OF A PERSON SUSPECTED OR PROVEN TO HAVE SARS-COV2:** This patient may return 14 days from the date of last exposure if no symptoms of SARS-CoV2 develop during that time.
* **SARS-COV2 POSITIVE TEST WITH NO SYMPTOMS:** This patient can return 10 days after the test was obtained.

**\**Resolution of fever means without fever >24 hours without the use of fever-reducing medications. Fever is defined as a temperature over 100.4. Note that resolution of symptoms and fever are PARENT/GUARDIAN reported.***