Return to School and Extracurricular Activities After COVID-19 Infection

Name: Date of Birth:
Phone: Building/Program:
Date:
Original Return Date:

Interview conducted: □Face to Face □Telehealth (Phone call or virtual) □Other:
Person interviewed:□ Individual with COVID-19 □Parent (individual is a minor) □Other:

SYMPTOM-BASED STRATEGY ASSESSMENT

1. Date the individual was diagnosed with COVID-19	
2. Date the individual first experienced symptoms of COVID-19, if applicable	
3. Have at least 10 days passed since symptoms first appeared? If no, the individual must continue to home isolate.	□ Yes □ No
4. Date the individual last had a fever. Have 24 hours passed since this date? If no, the individual must continue to home isolate	Date: □ Yes □ No
5. Is the individual currently taking fever-reducing medication? If yes, please list the medication and frequency. If yes, the individual must continue to home isolate. At least 24 hours (1 day) must have passed since recovery defined as resolution of fever without the use of fever-reducing medications	□ Yes □ No
6. Which symptoms did the individual have while ill with COVID-19? □ Fever or chills □ Cough □ Fatigue □ Congestion or runny nose □ Muscle or body aches □ Headache □ Sore throat □ Shortness of breath or difficulty breathing □ New loss of taste or smell □ Nausea or vomiting □ Diarrhea	
7. Does the individual have an improvement in respiratory symptoms? If no, the individual must continue to home isolate	□ Yes □ No

If answered “yes” to questions 3,4, and 7 and “no” to question 5 the individual may discontinue isolation and return to work/school

Based upon Symptom-based Strategy criteria, the above individual
□ May discontinue home isolation and return to work/school
□ May not discontinue home isolation and return to work/school

Completed by: Printed Name, Signature and Title/Role Date

Reviewed by School Nurse: Printed Name and Signature Date

Return to School and Extracurricular Activities After Exposure to COVID-19

Name: Date of Birth:
Phone: Building/Program:
Date:
Original Return Date:

Interview conducted: □Face to Face □Telehealth (Phone call or virtual) □Other:
Person interviewed:□ Individual with COVID-19 □Parent (individual is a minor) □Other:

Interview Data

1. Date the individual was exposed to COVID-19	
2. Have at least 14 days passed since the last exposure? If no, the individual must continue to quarantine.	□ Yes □ No
3. Has the individual developed any symptoms? □ Fever or chills □ Cough □ Fatigue □ Congestion or runny nose □ Muscle or body aches □ Headache □ Sore throat □ Shortness of breath or difficulty breathing □ New loss of taste or smell □ Nausea or vomiting □ Diarrhea	Date: □ Yes □ No

If answered “yes” to question 2 and “no” to question 3 the individual may discontinue quarantine and return to work/school. If answered “yes” to question 2 refer to the school nurse for followup.

Based upon interview data, the above individual
□ May discontinue quarantine and return to work/school
□ May not discontinue quarantine and return to work/school

Completed by: Printed Name, Signature and Title/Role Date

Reviewed by School Nurse: Printed Name and Signature Date