

KPBSD Return to School After Symptoms Medical Provider Form

Alaska Smart Start 2020-2021 School Year

Student or staff member name: _____
 Date seen: ____/____/____ Date of first new symptom onset : ____/____/____
 New symptom or symptoms: _____

One or more of these symptoms is on the CDC symptom list for COVID-19:

Yes

No, the patient has no symptoms on the CDC list

Symptom list:
 Fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, abdominal pain

If the student or staff member has already had a negative or positive COVID test result, no Health Care provider visit note is needed.

The patient was examined today and it was determined that the symptoms were not caused by COVID19. The following test shows _____ as the alternative diagnosis.

- Group A strep detection
- Respiratory Panel
- Influenza
- Other _____

If no test for a definitive diagnosis is completed or positive, they must stay home for 10 days after symptom onset. They may return after 10 days as long as any fever has been resolved for 24 hours without the use of fever-reducing medications and other symptoms have resolved.

If at the time of return to school it is determined that symptoms have not resolved or there is ongoing concern for COVID19, nursing clinical judgement supersedes the information on this form.

- If the student has a chronic condition as the cause of symptoms, please use the "COVID19 Chronic Symptoms Exemption Form."

If the above requirements are met, the student or staff member may return to school on this date: ____/____/____ (Optional – date may not be able to be determined at this visit.)

Clinician name: _____ Credential: MD/DO PA NP

Clinician signature: _____

Clinician phone number: (____)____-____ Fax number: (____)____-____