

ERS RETURN TO SCHOOL AFTER ILLNESS CHECKLIST

Name _____ Today's Date _____

Date of Exposure (if applicable): _____ Date of Test (if applicable): _____

Date of First Symptoms (if applicable): _____

NOTE TO PARENTS: Please use this checklist to determine your child's eligibility to return to school after illness. Consult with your doctor as indicated or if you are uncertain, and with the school director if you have questions or concerns.

Check appropriate box below	SYMPTOMS	TEST RESULTS	OTHER DIAGNOSIS FOR SYMPTOMS	KNOWN COVID-19 CLOSE CONTACT	RETURN TO SCHOOL GUIDELINES
<input type="checkbox"/>	YES	POSITIVE OR NOT TESTED	N/A	YES or NO	Isolate 5 days after symptoms began, then return when fever-free for 24 hours* AND symptoms improved. Wear a mask around others for additional 5 days.
<input type="checkbox"/>	YES	Testing NOT indicated (based on consultation with a physician)	YES Please note here:	NO	Return to school when no fever for 24 hours* and symptoms have improved.
<input type="checkbox"/>	YES	NEGATIVE	NO	NO	Return to school when no fever for 24 hours* and symptoms have improved.
<input type="checkbox"/>	YES	NEGATIVE	NO	YES	Return to school when no fever for 24 hours* and symptoms have improved.
<input type="checkbox"/>	NO	POSITIVE	N/A	YES or NO	Isolate for 5 days after date of positive test. Wear mask around others for additional 5 days.
<input type="checkbox"/>	NO	Test on day 5 after exposure	N/A	YES	Wear a properly fitting mask days 1-5 after exposure, test on day 5. If positive, isolate for 5 days followed by 5 days of masking. If negative, continue masking days 6-10

*without using fever-reducing medication

NOTE: Day of positive test, day of exposure, or day of first symptoms = Day 0. Days 1-5 quarantine or isolate as indicated. Days 6-10 continue mask wearing if around others. Parent Signature: _____

Please attach test results and/or any relevant documentation from your doctor.