

**The Hagedorn Little Village School
Jack Joel Center for Special Children
COVID-19 Return to School Documentation**

Student's Name: _____ Date of Birth: _____ Date of Office Visit: _____

Dear Parent/Guardian,

You are receiving this form as a result of your child being reported absent to the attendance office or your child being seen in the health office and sent home due to illness. Some of the symptoms they exhibited could be consistent with a COVID-19 infection. These symptoms include:

Fever	Nausea or vomiting
Chills	New loss of taste or smell
Cough	Sore throat
Headache	Diarrhea
Fatigue	Shortness of breath or difficulty breathing

Your child cannot return to school without written documentation of a negative COVID-19 test result or an alternate diagnosis. You may submit a doctor's note or the form the bottom of this page, signed, and stamped by your physician. Documentation must be returned (via email or fax) to the school building nurse for review and approved prior to sending your child to school: email: nurse@littlevillage.org; Fax: 516-520-6087. All faxes should be sent to the attention of the School Nurse.

To be completed by your physician:

Date of Examination: _____

Circle one of the following findings:

1. If a student's symptoms are **diagnosed as an alternate diagnosis with no COVID-19 testing**; they can return to school if:
 - a. They have been fever-free, without using fever-reducing medicines, and they have felt well for 24 hours **and**
 - b. They have a healthcare provider written note stating that they have been diagnosed with an alternate diagnosis and are clear to return to school.

Diagnosis: _____

2. If a student **has been evaluated and tested for COVID-19** based on symptoms, they may not be at school and must stay at home until:
 - a. They present a negative COVID-19 test result **and**
 - b. They have been fever-free, without using fever-reducing medicines and are symptom free.

Date of COVID-19 Swab: _____ COVID-19 Test results: Negative _____ Positive _____

3. If a student **IS Diagnosed with COVID-19 from a positive test result**, they may not be at school and required to stay home until:
 - a. It has been at least ten days since they had their first symptom **and**
 - b. It has been at least 24 hours since they have had a fever (without fever-reducing medications) **and**
 - c. It has been at least 3 days since their symptoms have improved including cough, shortness of breath **and**
 - d. The school receives written documentation of release by the Department of Health.

Physician's signature if cleared to return to school: _____ Stamp: