**14823 Path Valley Rd. AN EQUAL RIGHTS AND**

**Willow Hill, PA 17271 OPPORTUNITY AGENCY**

**Phone: 717-349-7172**

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*Verification/Return to School Form*

*(To be used for a “Symptomatic Student who has NOT had Close Contact to a Positive Case” that is Returning to School)*

*Step 1: Confirm Student meets definition.* ***To be completed by School District***

*“Symptomatic Student who has NOT had Close Contact to a Positive Case” is defined as a student who:*

* *Had one (1) or more of the following symptoms:* 
  + *Cough*
  + *Shortness of Breath*
  + *Difficulty Breathing*
  + *New Olfactory Disease (A loss in the ability to smell or a change in the way odors are perceived)*
  + *New Taste Disorder (A loss in the ability to taste or a change in the way flavors are perceived)*

*OR*

* *Had two (2) or more of the following symptoms:* 
  + *Fever (100.4 or higher)*
  + *Sore Throat*
  + *Runny or congested nose*
  + *Chills or Rigors*
  + *Myalgia (Muscle pain)*
  + *Nausea or vomiting*
  + *Headache*
  + *Diarrhea*
  + *Fatigue*

***IF the either of the above checkboxes are checked, AND Student:***

* *Was not within 6 feet for 15+ minutes of a Positive Case;*

*AND*

* *Did not have direct contact with infectious secretions of a Positive Case.*

*DATE of Symptom Onset: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.*

*Step 2: Confirm that Student does not reside/live with any individual who is a Positive Case.* ***To be completed by Parent/Guardian.***

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent/guardian), attest that Student does not reside/live with any individual who is currently a Positive Case

*Step 3: Identify the Return to School Option.* ***To be completed by Parent/Guardian.***

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent/guardian), attest to the following:

*OPTION A*:

* At least ten (10) days have passed since Student’s symptom onset; and
  + Date of symptom onset: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Student has not had a fever for at least twenty-four (24) hours without taking medication to reduce fever during that time; and
  + Date of last fever of 100.4 degrees or higher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Student’s respiratory symptoms have improved.
  + Date respiratory symptoms improved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*OPTION B:*

* Student’s primary health care provider has clinically cleared him/her from a diagnosis of COVID-19 and approved his/her return to school on \_\_\_\_\_\_\_\_\_\_\_\_. Attached Physician Note: \_\_\_\_\_\_\_; and
* Student has not had a fever for at least twenty-four (24) hours without taking medication to reduce fever during my quarantine; and
  + Date of last fever of 100.4 degrees or higher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Any or all of following symptoms related to COVID-19 have improved:
  + Fever
  + Chills or Rigor
  + Cough
  + Sore Throat
  + Shortness of Breath
  + Difficulty Breathing
  + Feeling Unusually Weak or Fatigued
  + New Olfactory Disorder (A loss in the ability to smell or a change in the way odors are perceived)
  + New Taste Disorder
  + Myalgia (Muscle pain)
  + Headache
  + Runny Nose or Congestion
  + Diarrhea
  + Nausea or vomiting
  + Fatigue

*OPTION C:*

* Student received a negative COVID-19 test; and
  + Date of negative test: \_\_\_\_\_\_\_\_\_\_. Attach results to this form: \_\_\_\_ \_\_\_\_\_\_\_
* Student has had no fever for at least twenty-four (24) hours without taking medication to reduce fever during that time; and
  + Date of last fever of 100.4 degrees or higher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Student’s respiratory symptoms have improved.
  + Date respiratory symptoms improved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name and Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today's date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***To be completed by School District***

Date returned to School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_