DEED/DHSS Alaska Smart Start 2020: Return to School After Symptoms Form

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	**CDC 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

The following return to school criteria applies *(check only one)*:

- ❑ The patient had a **negative PCR/molecular test** for COVID-19 since the start of symptoms (not an antigen or antibody test), fever has been resolved for 24 hours and other symptoms are resolving
  - ❑ Test date: ____/___/_____
- ❑ The patient had a **positive test** for COVID-19 and will return 10 days after symptom onset (or if they never had any symptoms, 10 days after the first positive test), as long as fever has resolved for 24 hours without the use of fever-reducing medications and other symptoms are resolving
  - ❑ Test date: ____/___/_____
- ❑ The patient **did not receive a test** for COVID-19 and will return 10 days after symptom onset as long as fever has been resolved for 24 hours without the use of fever-reducing medications and other symptoms are resolving
- ❑ The patient's symptoms are part of a chronic condition or conditions and they are not contagious at this time. The patient should not be excluded from school for the following symptoms, **as long as they have not worsened:**

  _____
  - ❑ I will continue to follow this patient for their chronic condition(s)
  - ❑ I do not regularly see this patient and they have been provided with follow up instructions for their chronic condition(s)

The student or staff member may return to school on this date: ____/___/_____

Clinician name: _____ Credential: ❑MD/DO ❑PA NP ❑CHA

Clinician signature: _____

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

ALASKA SMART START 2020