

Saint Michael School

School Health Services

Guidance Regarding COVID-19 Symptoms During School

Student Name: _____ Grade: _____ Date of Birth: _____

These guidelines have been determined by the PA Department of Health and Centers for Disease Control (CDC). If the student has ONE symptom in column A or TWO symptoms in column B he/she will be sent home from school until it is determined by a healthcare provider that the student may return to school.

Today, your child presented to the health room with the following symptoms:

Date: _____ Temperature: _____

Group A 1 or more symptoms (circle symptoms)	Group B 2 or more symptoms (circle symptoms)
Fever of 100.4 or higher Cough Shortness of breath Difficulty breathing New loss of smell New loss of taste	Chills Sudden shaking or shivering cold Muscle or body aches Headache Sore throat Nausea Vomiting Diarrhea Fatigue Congestion or runny nose

In addition, if a student has tested positive for COVID-19 or had close contact/potential exposure to someone who has tested positive the student must stay home and isolate/quarantine as directed until it is determined that the student can return to school. Please provide the school nurse with documentation regarding Covid-19 testing, isolation and quarantine to help protect your child and our school community. Close contact is considered less than 6 feet of separation for greater than 15 minutes. Contact your health care provider or the PA Department of Health at 1-877-724-3258 regarding isolation/quarantine recommendations.

By signing this form, you understand that it is the recommendation of the PA DOH and CDC to contact student's healthcare provider regarding Covid-19 symptoms for follow-up care. The student has been sent home from school with a suggested referral to their healthcare provider, he/she may not return until cleared by a healthcare provider.

Parent/Guardian Signature: _____

Date: _____