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Physicians Caring for Texans

Notice to Physicians

COVID-19 RETURN-TO-SCHOOL LETTER FOR STUDENTS

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COVID-19 PHYSICIAN LETTER FOR STUDENTS

Practice name: _____ Phone: _____

Student name: _____

Date of birth: _____ Grade: _____ Date sent home or first day kept home from school: _____

This student has been evaluated by a physician due to symptoms consistent with COVID-19 or exposure to a person with COVID-19. The student's status and conditions for return to school are marked below. Return-to-school conditions are based on current Centers for Disease Control and Prevention (CDC) guidelines and are intended to complement school policy. Return-to-school conditions may change based on new guidelines, symptoms, exposures, or results. Parent/guardian has been instructed to notify the school and physician of changes to the student's symptoms, exposures, or results.

[Physician: If testing¹ is PENDING, complete the form only after results are available. Notify parent or guardian that student may not return while a test is pending and must quarantine at home until results are available.]

___ Student has been identified as a close contact² and should quarantine: *Student does not have symptoms but has been determined to be a close contact of someone with COVID-19.* Refer to your local health authority (LHA) guidance for advised stay-at-home periods. In absence of LHA guidance, [CDC](#)³ advises a 14-day stay-at-home period for close contacts needing to quarantine. CDC guidance also allows for a 10-day quarantine if needed OR a seven-day stay-at-home period with a negative PCR test result on day five or after.

___ Student has been identified as a close contact but does NOT need to quarantine: *Student does not have symptoms and meets the following CDC criteria and does not need to stay at home:*

- Student is fully vaccinated; OR
- Student has been diagnosed with COVID-19 in the last three months, has recovered, and has no COVID-19 symptoms.

Student should seek PCR testing three to five days after exposure, even without symptoms, and wear a mask in public indoor settings for 14 days or until the student receives a negative test result.

___ Student has presumptive COVID-19: *Student should stay home for a MINIMUM of 10 days from symptom onset and may return to school 24 hours after fever⁴ has resolved and other symptoms have improved.* Students who qualify as presumptive COVID-19:

- Student had no testing and symptoms consistent with COVID-19; OR
- Student had negative rapid antigen or PCR test; however, history and symptoms are strongly suggestive for COVID-19 by physician evaluation.

___ Student has confirmed COVID-19: *Student has a positive PCR or rapid antigen test. Symptomatic students should stay home for a MINIMUM of 10 days from symptom onset and may return to school 24 hours after fever has resolved and other symptoms have improved. Students who test positive but have no symptoms may return 10 days after their positive test result.*

___ Student has a documented non-COVID-19 source of illness: *Student may return to school per guidelines for diagnosed illness.* [Physician: A student with any symptom consistent with COVID-19 should have a documented negative COVID-19 PCR or rapid antigen test *taken while symptomatic* to rule this out before this option is selected.]

Illness source (optional): _____

Earliest date this student may return to school: _____ Today's date: _____

Physician name: _____

Parent or guardian name: _____

Physician signature: _____

Parent or guardian signature: _____

¹ Antibody testing cannot diagnose current COVID-19 infection and should not be used to determine conditions for a student's return to school.
² CDC defines close contact for students in a K-12 indoor classroom as the following: A student within 3-6 feet of another infected student for a cumulative total of 15 minutes or more over a 24-hour period UNLESS both the infected student and the exposed student were wearing appropriately fitted masks during the entire exposure period. Note, if the exposed person was closer than 3 feet to the COVID-positive individual, they are a close contact, regardless of mask usage.
³ CDC. Quarantine and Isolation at www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html.
⁴ Fever is defined as a temperature of 100.4° Fahrenheit or higher. Fever is resolved if a student's temperature is below 100 °F for 24 hours.