

Return to School Clearance for Illness

Name of Student: _____ Grade: _____ was sent home from school on _____ with symptoms of illness:

Fever	Body Aches	Headache	Vomiting	Diarrhea	Runny Nose	Cough

Because your child is exhibiting signs of illness that may be related to COVID-19, your child is to stay home until examined by a primary care physician, which should include formal testing for COVID-19. To return to school, you must have a physician complete the form below. Please contact Chaffee County Public Health (719)539-4510 if your child does not have a primary care physician. All students in your family unit or living in the home must stay home until the child in question is cleared for return to school.

To be completed by health care provider:

Based on examination:	Date:
<ul style="list-style-type: none"> Student was tested for COVID 19 on: 	Result:
<ul style="list-style-type: none"> Student was NOT tested for COVID 19: 	Reason:
<ul style="list-style-type: none"> Other tests performed by provider and result: 	Test + Result: Test + Result:
<u>Student may return to school:</u> <ul style="list-style-type: none"> On or after: _____ (date) AND Without fever for _____ hrs without fever-reducers. AND All other symptoms are improving. 	

Health Care Provider Signature: _____ Date: _____

Any other specific criteria necessary for return to school should be provided in separate doctor's orders.

Link to Infectious disease guidelines from Colorado Department of Public Health
[Infectious disease guidelines for schools and child care settings](#)