

# Medical Diagnosis and Plan for student illness during COVID-19 pandemic (To be completed by student's physician/clinician)

Date: \_\_\_\_\_ Student's Name: \_\_\_\_\_ School/Grade: \_\_\_\_\_

Date sent home from school or first day of COVID-19-like symptoms: \_\_\_\_\_

(see back page for definitions and footnotes)

**Please select one (per KDHE guidelines):**

NEGATIVE test for SARS-CoV-2	
<p>Student had a <b>NEGATIVE</b> diagnostic test* for SARS-CoV-2 <b>AND</b> student has an alternate source determined for their illness.</p> <p><input type="radio"/> Student may return to school 24 hours after symptoms have resolved or as required by local health department for alternate diagnosis (i.e.: 7 days of isolation for influenza), per doctor's note.</p> <p>Diagnosis made: _____ Earliest date that student may return to school: _____</p>	<p>Student had a <b>NEGATIVE</b> diagnostic test* for SARS- CoV-2 <b>AND</b> does <b>NOT</b> have an alternate source determined for illness <b>OR</b> is at risk of having a false negative based on clinical criteria**, epidemiologic linkage+ and/or medical judgment.</p> <p><input type="radio"/> Student must <b>stay home a MINIMUM of 10 days</b> from the onset of symptoms. Student may not return to school until 72 hours after resolution of fever*** and other symptoms are improving.</p>
POSITIVE test for SARS-CoV-2	
<p>Student had a <b>POSITIVE</b> diagnostic test for SARS-CoV-2 or is a <b>PROBABLE</b> case due to clinical** and epidemiological linkage+ criteria.</p> <p><input type="radio"/> Student must <b>stay home a MINIMUM of 10 days</b> from the onset of symptoms. Student may not return to school until 72 hours after resolution of fever** and other symptoms are improving.</p>	<p>Student is asymptomatic but had a <b>POSITIVE</b> diagnostic test for SARS-CoV-2.</p> <p><input type="radio"/> Student must <b>stay home for 10 days</b> from the date tested. Date test sample collected: _____</p> <p>If symptoms develop, the student must <b>THEN</b> stay home until 72 hours after resolution of fever** and other symptoms are improving, with a <b>MINIMUM</b> of 10 days from the onset of symptoms.</p>
NOT tested for SARS-CoV-2	
<p>Student meets clinical criteria** <b>AND</b> epidemiologic linkage+ with no confirmatory laboratory testing performed for SARS-CoV-2.</p> <p><input type="radio"/> Student must <b>stay home a MINIMUM of 10 days</b> from the onset of symptoms. Student may not return to school until 72 hours after resolution of fever*** and other symptoms are improving.</p>	<p>SARS-CoV-2 testing was <b>NOT DONE AND</b> student has an alternate source determined for their illness.</p> <p><input type="radio"/> Student may return to school 24 hours after symptoms have resolved or as required by local health department for diagnosis (i.e.: 7 days of isolation for influenza), per doctor's note.</p> <p>Diagnosis made: _____ Earliest date that student may return to school: _____</p>
Close Contact	
<p><input type="radio"/> Student has had close contact with someone with COVID-19 and <b>must quarantine for 14 days</b> from the date of the last exposure, regardless of test results. (<b>Close contact</b> is defined as any individual who was within 6 feet of an infected person for at least 10 minutes regardless of masking, starting from 2 days before illness onset, or for asymptomatic patients, 2 days prior to positive specimen collection <b>OR</b> had direct contact with secretions from an infected individual.)</p>	

Clinician name: \_\_\_\_\_ (MD, DO, APRN, PA, RN) Clinic name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**I hereby authorize release of this information to the health department, school official, trainer and coach, if applicable, and medical provider of information contained in this document.** (Two copies of this form are provided, one for family/student's own health care records and one for the school records.)

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

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*\*Diagnostic test refers to PCR or antigen testing.*

**\*\*Clinical criteria** (in the absence of a more likely diagnosis) is at least **two** of the following symptoms: fever (measured or subjective), chills, rigors, myalgia, headache, sore throat, nausea or vomiting, diarrhea, fatigue, congestion or runny nose; **OR** Any **one** of the following symptoms: cough, shortness of breath, difficulty breathing, new olfactory disorder, new taste disorder; **OR** Severe respiratory illness with at least one of the following: Clinical or radiographic evidence of pneumonia, Acute respiratory distress syndrome (ARDS).

**\*\*\*Fever** is defined as temperature  $\geq 100.4^{\circ}\text{F}$ . "**Resolution of fever**" means the student has a temperature below  $100.4^{\circ}$  **WITHOUT** the use of medication. If fever was never present, the other guidelines must still be followed.

**+Epidemiologic linkage** means **One** or more of the following in the prior 14 days: Close contact (within 6 feet for 10 minutes or more **OR** direct contact with secretions) with a confirmed or probable case of COVID-19 disease; **OR** Member of a risk cohort as defined by public health authorities during an outbreak.