



COVID-19 HEALTH SCREENING PROTOCOL
STUDENT/STAFF MUST SEEK MEDICAL ATTENTION WITHIN 48 HOURS

Dear Parent or Guardian,

Your child, _____, is displaying a sign/symptom(s) of COVID-19, and as a result of our health screening process and determination by the on-site school nurse of possible COVID-19, is being sent home. Below is a list of signs/symptom(s) your child is displaying today. **Your child must stay out of school while seeking medical attention.**

- | | |
|---|--|
| <input type="checkbox"/> Fever 100° or greater | <input type="checkbox"/> Muscle or body aches |
| <input type="checkbox"/> Chills | <input type="checkbox"/> Headache |
| <input type="checkbox"/> New Cough | <input type="checkbox"/> Sore throat |
| <input type="checkbox"/> Shortness of breath/difficulty breathing | <input type="checkbox"/> Congested or runny nose |
| <input type="checkbox"/> New loss of taste or smell | <input type="checkbox"/> Nausea or vomiting |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Diarrhea |

HOUSEHOLD MEMBERS will also need to leave school/remain out of school as well after 48 hours when applicable. (See below)

Signature of Screening Nurse: _____

Schools must follow the New York State Department of Health and Local Health Department guidelines for returning to school.

THE STUDENT/STAFF MUST SEEK MEDICAL ATTENTION WITHIN 48 HOURS. Please see below.

IF A COVID TEST IS POSITIVE or the healthcare provider diagnoses a student with COVID-19,

the student, AND HOUSEHOLD MEMBERS may return to school when all of the following applies:

- At least **3 days** have passed since fever (*without the use of fever-reducing medications*); **DATE** _____
- AND** improvement in symptoms have occurred;
- AND** at least **10 days** have passed since symptoms have first appeared; **DATE** _____
- AND with a Release from Isolation Notice from the Essex County Health Department**

IF THE HEALTH CARE PROVIDER provides an alternate diagnosis, the student AND HOUSEHOLD MEMBERS

may return to school when all of the following applies:

- The student receives negative COVID-19 test results, OR the HCP provides a diagnosis of a known chronic condition with unchanged symptoms, or a confirmed acute illness AND Covid is not suspected **DATE** _____
- AND** they provide a **written note from the health care provider** that explains the COVID-19 like symptom(s);
- AND** they are **fever-free for 24 hours** (without the use of fever-reducing medications); **DATE** _____
- AND** they feel well enough to return to school;
- AND** the school nurse has received the written note from the health care provider **BEFORE** your child is riding the bus or reentering the building. **Please have the medical office fax the note to the school at 518-546-7895**

IF A COVID TEST NOT ADMINISTERED BY THE HEALTH CARE PROVIDER AND THERE IS NO PROVIDED

ALTERNATE DIAGNOSIS by the health care provider, *the student AND HOUSEHOLD MEMBERS may return to*

school when all of the following applies:

- At least **3 days** have passed since fever (*without the use of fever-reducing medications*); **DATE** _____
- AND** improvement in symptoms have occurred;
- AND** at least **10 days** have passed since symptoms have first appeared **DATE** _____
- AND with a Release from Isolation Notice from the Essex County Health Department**

IF PARENT/GUARDIAN DOES NOT HAVE CHILD EVALUATED BY A HEALTH CARE PROVIDER, *the student*

AND HOUSEHOLD MEMBERS may NOT return to school and must remain on 100% Remote learning

****Students/Staff who do not receive COVID-19 test results within 48 hours, will be deemed positive until results are received, and by law will be reported by the district to the Essex County Health Department.**