

NAME _____ DOB _____

Date of Letter _____

This letter is in regard to _____ (first name) and their ability to return to childcare/school.

Fever is defined as $>100.4^{\circ}\text{F}/38^{\circ}\text{C}$, and “resolved” means the student has a temperature below that WITHOUT the use of medication.

Date of positive test result (if applicable) _____ Date of symptom onset _____

Please select one of the following options (per CDC guidelines):

Patient was found to have another source of symptoms, Covid-19 testing was NOT done, and may return to school/childcare 24 hours after fever has resolved and other symptoms improving. Fever resolved on (date)_____ and symptoms are improving by parent report.

Patient NOT found to have another source of symptoms, Covid-19 testing was NOT done, patient may return to school/childcare a MINIMUM of 10 days after the start of symptoms AND 24 hours after fever has resolved and other symptoms improving. This letter confirms that per parental report, this criterion has been met.

Patient had a NEGATIVE test for Covid-19. Patient may return to school/childcare 24 hours after fever has resolved and other symptoms improving. Fever resolved on (date)_____ by parent report.

Patient had a POSITIVE test for Covid-19. Patient may return to school/childcare a MINIMUM of 10 days after the start of symptoms AND 24 hours after fever has resolved and other symptoms improving. {ME CDC notified}.

Patient had a POSITIVE test for Covid-19 and was asymptomatic. Patient may return to school/childcare a minimum of 10 days after the date of the test. {ME CDC Notified}

Patient has a known exposure to someone with COVID-19 and must quarantine for 14 days from the date of the last exposure to an active case.

Last date of exposure to positive case) _____

Information above concerning improving symptoms and resolution of fever is based on self-report from the parent/guardian/patient. This was NOT confirmed with an exam in the office.

The result of the above COVID test result was based on parent/guardian/patient self-report. Written documentation was not verified. The result of the above COVID test result was verified via (circle one: documented lab in EPIC, OR scanned lab obtained from outside source and scanned into chart)

Signature: _____