

## RETURN TO SCHOOL QUESTIONNAIRE

1. Has the child been fever free for 24 hours without use of fever reducing medication?

---

2. Were they seen by a doctor or other healthcare provider?

---

3. Was any testing done? (i.e. strep, flu or COVID) If so, what was the result?

---

4. Was the student prescribed antibiotics? If so, has he/she been on the medication for 24 hours?

---

5. Has there been a significant improvement in symptoms?

---

Has any member of the household had a positive COVID test in the last 2 weeks or do they have a test pending? (Circle One)      YES      NO

If you answered YES to the question above, the student is not to return to school for 2 weeks from the date on which the household case was released from isolation or until after a pending case comes back negative.

If your child is still experiencing significant symptoms even without fever please keep them home and consider evaluation by your medical provider.

Date: \_\_\_\_\_ Student Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_