

ARLINGTON CENTRAL SCHOOL DISTRICT

School Building & Nurse: _____ Phone: _____ Fax: _____

Student Name: _____ Date: _____

The student has presented to the school nurse with the following symptoms:

Arlington Central School District, in consultation with the Dutchess County Department of Community and Behavioral Health, requires one of the three conditions below for students that have experienced a COVID-19 symptoms to return to the in person learning environment at school.

1. Documentation from a health care provider following an evaluation. The documentation from a health care provider must include a diagnosis with a condition or illness other than COVID-19 (**and cannot be an unconfirmed acute illness such as a viral upper respiratory illness or viral gastroenteritis**) that is causing the symptoms, the expected duration of the symptoms, and it must indicate if and when the student is clear to return to school.

OR

2. Negative COVID-19 diagnostic test result. A negative COVID-19 diagnostic test result must be provided in writing to the school nurse.

OR

3. Symptom resolution. Symptom resolution is defined as at least 10 days from onset of symptoms and the student has no symptoms remaining without using medication for the last 3 days.

If a student has a positive COVID-19 test result, the individual must be released from isolation by DCCBH to return to the in-person learning environment.

ALL sections below must be completed for the student to return to school.

Diagnosis: _____

Symptoms: _____

Expected duration of symptoms: _____

The child was (check one) TESTED NOT TESTED for COVID-19.

If tested: (circle one) results are : pending positive negative

Date child may return to school: _____

Medical Provider's Name: _____

Date: _____

