The 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 you are choosing this option, please fill out the back of this form.

SYMPTOMS - The following symptoms have either been reported or the student is presenting with (list all symptoms):

If you are providing documentation from a health care provider following an evaluation (#1 above), the information below must be completed and submitted to the school nurse prior to returning to the in person learning environment.

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:___________________________________________________________

[Physician’s Stamp]

Revised
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ARLINGTON CENTRAL SCHOOL DISTRICT

*CLEARANCE TO RETURN TO SCHOOL FORM*

If you are waiting for symptom resolution (#3 above), the information below must be completed by a parent/guardian and submitted to the school nurse prior to returning to the in person learning environment.

Symptoms:_______________________________________________________

Date Symptoms Began:_____________________________________________

Date Symptoms Ended:_____________________________________________

Date Student May Return to the In Person Learning Environment:______________________________________

My child was absent from school because they experienced the symptoms listed above. I am confirming that my child has been home for at least 10 days from the onset of the symptoms and has been symptom free for the last 3 days without the use of medications.

Parent/Guardian Name (Print):______________________________________________________________

Parent/Guardian Signature:_________________________________________________________________

Date:__________________________________________________________________________________