

# Medical Diagnosis and Plan for student illness during COVID-19 pandemic (To be completed by student's physician/clinician)

Page 1/2

Date: \_\_\_\_\_ Student's Name: \_\_\_\_\_ School/Grade: \_\_\_\_\_

Date sent home from school or first day of COVID-19-like symptoms: \_\_\_\_\_

(see back page for definitions and footnotes)

**Please select one (per KDHE guidelines):**

## NEGATIVE test for SARS-CoV-2

Student had a **NEGATIVE** diagnostic test\* for SARS-CoV-2 **AND** student has an alternate source determined for their illness.

- ☐ Student may return to school 24 hours after symptoms have resolved or as required by local health department for alternate diagnosis (i.e.: 7 days of isolation for influenza), per doctor's note.

Diagnosis made: \_\_\_\_\_  
Earliest date that student may return to school: \_\_\_\_\_

Student had a **NEGATIVE** diagnostic test\* for SARS-CoV-2 **AND** does **NOT** have an alternate source determined for illness OR is at risk of having a false negative based on clinical criteria\*\*, epidemiologic linkage+ and/or medical judgment.

- ☐ Student must **stay home a MINIMUM of 10 days** from the onset of symptoms. Student may not return to school until 72 hours after resolution of fever\*\*\* and other symptoms are improving.

## POSITIVE test for SARS-CoV-2

Student had a **POSITIVE** diagnostic test for SARS-CoV-2 or is a **PROBABLE** case due to clinical\*\* and epidemiological linkage+ criteria.

- ☐ Student must **stay home a MINIMUM of 10 days** from the onset of symptoms. Student may not return to school until 72 hours after resolution of fever\*\* and other symptoms are improving.

Student is asymptomatic but had a **POSITIVE** diagnostic test for SARS-CoV-2.

- ☐ Student must **stay home for 10 days** from the date tested.  
Date test sample collected: \_\_\_\_\_

If symptoms develop, the student must **THEN** stay home until 72 hours after resolution of fever\*\* and other symptoms are improving, with a **MINIMUM** of 10 days from the onset of symptoms.

## NOT tested for SARS-CoV-2

Student meets clinical criteria\*\* **AND** epidemiologic linkage+ with no confirmatory laboratory testing performed for SARS-CoV-2.

- ☐ Student must **stay home a MINIMUM of 10 days** from the onset of symptoms. Student may not return to school until 72 hours after resolution of fever\*\*\* and other symptoms are improving.

SARS-CoV-2 testing was **NOT DONE** **AND** student has an alternate source determined for their illness.

- ☐ Student may return to school 24 hours after symptoms have resolved or as required by local health department for diagnosis (i.e.: 7 days of isolation for influenza), per doctor's note.

Diagnosis made: \_\_\_\_\_  
Earliest date that student may return to school: \_\_\_\_\_

## Close Contact

- ☐ Student has had close contact with someone with COVID-19 and **must quarantine for 14 days** from the date of the last exposure, regardless of test results. (**Close contact** is defined as any individual who was within 6 feet of an infected person for at least 10 minutes regardless of masking, starting from 2 days before illness onset, or for asymptomatic patients, 2 days prior to positive specimen collection **OR** had direct contact with secretions from an infected individual.)

Clinician name: \_\_\_\_\_ (MD, DO, APRN, PA, RN) Clinic name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**I hereby authorize release of this information to the health department, school official, trainer and coach, if applicable, and medical provider of information contained in this document.** (Two copies of this form are provided, one for family/student's own health care records and one for the school records.)

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

*Information provided through a collaboration of Kansas COVID Workgroup for Kids at the University of Kansas School of Medicine - Wichita, Kansas Chapter, American Academy of Pediatrics, Kansas Academy of Family Physicians, Kansas Department of Health and Environment and Kansas State Department of Education.*

*This form is up to date as of 10-2-20.*

**Medical Diagnosis and Plan for student illness during COVID-19 pandemic**  
**(To be completed by student's physician/clinician)**

Page 2/2

*\*Diagnostic test refers to PCR or antigen testing.*

**\*\*Clinical criteria** (in the absence of a more likely diagnosis) is at least **two** of the following symptoms: fever (measured or subjective), chills, rigors, myalgia, headache, sore throat, nausea or vomiting, diarrhea, fatigue, congestion or runny nose; **OR** Any **one** of the following symptoms: cough, shortness of breath, difficulty breathing, new olfactory disorder, new taste disorder; **OR** Severe respiratory illness with at least one of the following: Clinical or radiographic evidence of pneumonia, Acute respiratory distress syndrome (ARDS).

**\*\*\*Fever** is defined as temperature  $\geq 100.4^{\circ}\text{F}$ . **"Resolution of fever"** means the student has a temperature below  $100.4^{\circ}$  WITHOUT the use of medication. If fever was never present, the other guidelines must still be followed.

**+Epidemiologic linkage** means **One** or more of the following in the prior 14 days: Close contact (within 6 feet for 10 minutes or more OR direct contact with secretions) with a confirmed or probable case of COVID-19 disease; **OR** Member of a risk cohort as defined by public health authorities during an outbreak.