

COVID-19 PHYSICIAN LETTER FOR STUDENTS

Practice Name: _____ Phone: _____

Student Name: _____ Date of Birth: _____ Grade: _____

Date sent home or first day kept home from school: _____

This student has been evaluated by a physician due to symptoms consistent with COVID-19 or exposure to a person with COVID-19. The student's status and conditions for return to school are marked below.

Return-to-school conditions are based on current Centers for Disease Control and Prevention (CDC) guidelines and are intended to complement school policy. Return-to-school conditions may change based on new guidelines, symptoms, exposures, or results. Parent/guardian has been instructed to notify the school and physician of changes to the student's symptoms, exposures, or results.

If testing is PENDING, the physician should complete the form only after results are available. Notify parent or guardian that student may not return while a test is pending and must quarantine at home until results are available.

Status (Check only ONE)	COVID-19 Testing ¹	Test Result	Is student symptomatic?	RETURN-TO-SCHOOL CONDITIONS
<input type="checkbox"/>	N/A	N/A	N/A	Student has had close contact ² with someone confirmed to have COVID-19 and must quarantine for 14 days from the date of last contact unless a positive COVID test is noted below.
<input type="checkbox"/>	Not performed	N/A	Yes, but other source determined	Student may return to school 24 hours after fever ³ has resolved, other symptoms have improved, and the other source of symptoms is resolved. Other symptom source (optional): _____
<input type="checkbox"/>	Not performed	N/A	Yes, source undetermined	Student may return to school 24 hours after fever ³ has resolved and other symptoms have improved, after a MINIMUM of 10 days from symptom onset.
<input type="checkbox"/>	PCR or Antigen	-	Yes, but other source determined	Student may return to school 24 hours after fever ³ has resolved, other symptoms have improved, and the other source of symptoms is resolved. Other symptom source (optional): _____
<input type="checkbox"/>	PCR	-	Yes, source undetermined	Student's constellation of symptoms is significant enough to be still considered at risk and may not return to school until 24 hours after fever ³ has resolved and other symptoms have improved for a MINIMUM of 10 days from symptom onset.
<input type="checkbox"/>	PCR	-	Yes, source undetermined	Student's negative test result indicates symptoms are unlikely to be due to COVID-19. Student may return to school 24 hours after fever ³ has resolved and other symptoms have improved.
<input type="checkbox"/>	Antigen	-	Yes, source undetermined	Student still considered at risk and may not return to school until 24 hours after fever ³ has resolved and other symptoms have improved, with a MINIMUM of 10 days from symptom onset.
<input type="checkbox"/>	PCR or Antigen	+	Yes, source is presumed COVID-19	Student must stay home until 24 hours after fever ³ has resolved and other symptoms have improved, with a MINIMUM of 10 days from symptom onset.
<input type="checkbox"/>	PCR or Antigen	+	No, student is asymptomatic	Student must stay home for 10 days from the date of the test. If symptoms develop, the student must THEN stay home until 24 hours after fever ³ resolves and other symptoms have improved, with a MINIMUM of 10 days from symptom onset.
<input type="checkbox"/>	Other comments:			

Earliest date this student may return to school: _____ Today's date: _____

Physician name: _____ Parent or guardian name: _____

Physician signature: _____ Parent or guardian signature: _____

¹ Antibody testing cannot diagnose current COVID-19 infection and should not be used to determine conditions for a student's return to school.

² CDC defines close contact as the following:

- You were within 6 feet of someone who has COVID-19 for a total of 15 minutes or more (regardless if either person was wearing a mask).
- You provided care at home to someone who is sick with COVID-19.
- You had direct physical contact with the person (hugging or kissing).
- You shared eating or drinking utensils.
- Someone sneezed, coughed, or somehow got respiratory droplets on you.

³ Fever is defined as >100.4 °F. Fever is resolved if a student's temperature is below 100.4 °F for 24 hours WITHOUT the use of medication. If fever was never present, all other guidelines must still be followed.



NOTICE TO PHYSICIANS

COVID-19 Return-to-School Letter for Students

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