

Chatham Central School District
Return to School after Illness Form

Note: Chatham Central Schools require an evaluation from a health care provider AND either an alternate diagnosis or a negative COVID test result to return to school after an illness.

Instructions:

1. Complete information: (name, DOB, etc.)
2. Indicate which symptom(s) the patient was referred for an evaluation
3. COVID test ordered- yes or no
4. Complete today's diagnosis
5. Indicate if this is a chronic condition: briefly describe the chronic illness
6. HCP information sign and date

1. Patient Name: _____ Patient Date of Birth: _____

2. Symptom(s) referred for evaluation:

- | | |
|--|---|
| <input type="checkbox"/> Fever or chills (temp 100.0 or higher) | <input type="checkbox"/> New loss of taste or smell |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Sore throat |
| <input type="checkbox"/> Shortness of breath or difficulty breathing | <input type="checkbox"/> Congestion or runny nose |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Nausea or vomiting |
| <input type="checkbox"/> Muscle or body aches | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Other: _____ |

3. COVID Test Ordered Yes ___ No ___ Result _____ (attach results)

4. Today's diagnosis (for HCP):

(Per NYSDOH, a generic diagnosis of "a viral syndrome", "viral gastroenteritis", or "viral URI" is not an acceptable alternate diagnosis to return to in person learning)

5. Is this a chronic condition: yes no

If a chronic condition is present, please include any details of the illness that may help the school nurse differentiate it from COVID-19 symptoms.

HCP Name (print): _____ Telephone: _____

HCP Signature _____ Date: _____