



COVID-19 Return to School Protocols



To be completed by a physician. Check the box for the applicable school and fax completed form to fax number listed or email to Daniki@thomastonschools.org

Black Rock School (PK-3)
Fax: 860-283-3043

Thomaston Center School (Grades 4-6)
Fax: 860-283-3048

Thomaston High School (Grades 7-12)
Fax: 860-283-3034

Student's Name: _____

Grade: _____

Please check the appropriate box to indicate the student's ability to return to school:

- Student was found** to have another source of observed symptoms, SARS-COV2 testing was **NOT** done and student has NO known close contact to COVID-19 positive disease. Student may return to school 24 hours after fever has resolved, without the use of fever reducing medication, and other symptoms improving
- Student was NOT found** to have another source of symptoms, SARS-COV2 testing was **NOT** done. Student may return to school after a MINIMUM of 10 days from onset of symptoms and at least 24 hours after fever has resolved, without the use of medication, and other symptoms improving
- Student had a NEGATIVE test** for SARS-COV2 and has NO known close contacts with COVID-19 positive disease. Student may return to school 24 hours after symptoms have resolved
- Student is symptomatic** and has returned a **NEGATIVE** test for SARS-COV2 but is considered at risk for COVID19. Student may NOT return to school until 24 hours after fever has resolved, without the use of fever reducing medication, and other symptoms improving, with a MINIMUM of 10 days from the onset of symptoms
- Student is symptomatic** with a **POSITIVE** test for SARS-COV2 and must stay home until 24 hours after fever has resolved, without the use of fever reducing medication, and other symptoms improving, with a MINIMUM of 10 days from both the onset of symptoms
- Student is asymptomatic** but had a **POSITIVE** test for SARS-COV2 and must stay home for 10 days from the date of test. If symptoms develop, the student must THEN stay home a MINIMUM of 10 days from the onset of symptoms
- Student has a known exposure to someone with COVID-19 and must quarantine, regardless of test results, for 14-days from the date of exposure. **Date of last exposure::**_____.
- Student has returned to CT after being in a state on the latest CT Travel Advisory and must quarantine for 14 days from the date of return. **Date of return to CT:** _____.

This statement is valid based only on clinical history, physical exam and lab findings documented on the date below. The return to school status and date may change based on new symptoms, exposures, or results. The patient's family agrees to notify this office with any changes.

**This form should not be completed if SARS-COV2 testing is pending.
A student may NOT return to school while COVID-19 testing is pending.**

Student's Full Name	Student's Date of Birth
Date student first sent home from school/kept home from school	
Date of Symptom Onset	
Earliest date student may return to school	
Physician's Name (please print)	
Physician's Signature and Date	
Parents' Name (please print)	
Parents' Signature and Date	
Clinical Notes:	