



## RETURN FOLLOWING EXCLUSION FOR COVID-19: SCREENING TOOL: STUDENT

Individuals returning to work or school after being lab-confirmed to have, experienced symptoms of, or who were exposed to COVID-19 must contact designated screener to ensure the conditions for re-entry outlined below have been met.

Student's Name:

ID Number:

Campus: PERMIAN HIGH SCHOOL

Exposed     Positive/Symptoms    Return to School Date:

Yes     No    1. Were you diagnosed with COVID-19?

If yes, all of the following conditions must be met for reentry (*Check all that apply*):

- At least one day (24 hours) has passed since resolution of fever without the use of fever-reducing medication
- Improvement of symptoms (e.g., cough, shortness of breath)
- At least 10 days have passed since symptoms first appeared

Yes     No    2. Did you have symptoms that could be COVID-19, but were not evaluated by a medical professional or tested for COVID-19?

If yes, all of the following conditions must be met for reentry (*Check all that apply*):

- At least one day (24 hours) has passed since resolution of fever without the use of fever-reducing medication
- Improvement of symptoms (e.g., cough, shortness of breath)
- At least 10 days have passed since symptoms first appeared

Yes     No    3. Did you have symptoms that could be COVID-19 and are seeking to return to school before completing the 10-day stay at home period?

If yes, one of the conditions below must be met:

- Provide a medical professional's note clearing the individual for return based on an alternative diagnosis
- Provide the negative results of an acute infection test from an approved testing location

Yes     No    4. Were you in close contact with an individual who tested positive for COVID-19?

If yes, the following condition below must be met:

- Remain off campus until the 14-day incubation period has passed
- Remain off campus until testing negative 7 days after exposure

**COVID-19 Symptoms** (\*Included on Texas Education Agency list of symptoms)

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|---|--|---|
| <ul style="list-style-type: none"> <li>• Fever (<math>\geq 100.0^{\circ}\text{F}^*</math>)</li> <li>• Loss of taste or smell</li> <li>• Cough</li> <li>• Difficulty breathing</li> <li>• Shortness of breath</li> </ul> | <ul style="list-style-type: none"> <li>• Fatigue</li> <li>• Headache</li> <li>• Chills</li> <li>• Sore throat</li> <li>• Congestion or runny nose</li> </ul> | <ul style="list-style-type: none"> <li>• Shaking or exaggerated shivering</li> <li>• Significant muscle pain or ache</li> <li>• Diarrhea</li> <li>• Nausea or vomiting</li> </ul> |
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Student or Parent/Guardian's Signature & Date:

Authorized to Return to School On:

Campus Nurse Signature: