MORIAH CENTRAL SCHOOL DISTRICT, *39 Viking Lane, Port Henry, NY 12974 -* **DATE**_________________

COVID-19 HEALTH SCREENING PROTOCOL - **THE STUDENT MUST SEEK MEDICAL ATTENTION**

Dear Parent or Guardian,

Your child, ___________________________, is displaying a sign/symptom(s) of COVID-19, and as a result of our health screening process and determination by the on-site school nurse of possible COVID-19, is being sent home. Below is a list of signs/symptom(s) your child is displaying today.

- ❏ Fever 100° or greater
- ❏ Chills
- ❏ New Cough
- ❏ Shortness of breath/difficulty breathing
- ❏ New loss of taste or smell
- ❏ Fatigue
- ❏ Muscle or body aches
- ❏ Headache
- ❏ Sore throat
- ❏ Congested or runny nose
- ❏ Nausea or vomiting
- ❏ Diarrhea

Signature of Screening Nurse: ____

Schools must follow the New York State Department of Health and Local Health Department guidelines for returning to school. THE STUDENT MUST SEEK MEDICAL ATTENTION. **Please see below.**

IF A COVID TEST IS POSITIVE or the healthcare provider diagnoses a student with COVID-19, *the student, AND HOUSEHOLD MEMBERS may return to school when* ***all*** *of the following applies:*

- ❏ At least **3 days** have passed since fever *(without the use of fever-reducing medications);* **DATE**_______________
- ❏ **AND** improvement in respiratory symptoms have occured;
- ❏ **AND** at least **10 days** have passed since symptoms have first appeared; **DATE**_______________
- ❏ **AND with a Release from Isolation Notice from the Essex County Health Department**

IF THE HEALTH CARE PROVIDER provides an alternate diagnosis, *the student AND HOUSEHOLD MEMBERS may return to school when* ***all*** *of the following applies:*

- ❏ The student receives negative COVID-19 test results; **DATE**_______________
- ❏ **AND** they provide a **written note from the health care provider** that explains the COVID-19 like symptom(s);
- ❏ **AND** they are **fever-free for 24 hours** (without the use of fever-reducing medications); **DATE**_______________
- ❏ **AND** they feel well enough to return to school;
- ❏ **AND** the school nurse has received the written note from the health care provider **BEFORE** your child is riding the bus or reentering the building. **Please have the medical office fax the note to the school at 518-546-7895**

IF A COVID TEST IS NEGATIVE, OR NOT REQUIRED BY THE HEALTH CARE PROVIDER AND THERE IS NO PROVIDED ALTERNATE DIAGNOSIS by the health care provider, OR PARENT/GUARDIAN DOES NOT HAVE CHILD TESTED, *the student AND HOUSEHOLD MEMBERS may return to school when* ***all*** *of the following applies:*

- ❏ At least **3 days** have passed since fever *(without the use of fever-reducing medications);* **DATE**_______________
- ❏ **AND** at least **3 days** since symptom improvement **DATE**_______________
- ❏ **AND** at least **10 days** have passed since symptoms have first appeared **DATE**_______________