



## ISOLATION ROOM FOLLOW UP

You are receiving this notification because your student was seen in the isolation room today.

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ was seen because they were displaying COVID-like symptoms, including:

- Fever (100.4 or higher)
- Chills
- Shortness of breath
- New cough
- New loss of taste or smell
- Other concerns or symptoms: \_\_\_\_\_

### YOUR STUDENT NEEDS TO STAY HOME UNTIL THEY RECEIVE FURTHER EVALUATION FOR COVID-19.

STUDENTS CAN RETURN TO SCHOOL WHEN ONE OR MORE OF THE FOLLOWING HAS BEEN COMPLETED AND DOCUMENTATION IS SUBMITTED TO THE SCHOOL.

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- If your student is **TESTED** for COVID-19 and receives a negative COVID-19 PCR\* test result, the student can return to school once all of the following are true:
    - No fever for 24 hours (without the use of medicines such as Tylenol or Motrin) AND
    - Symptoms are better
    - Student has **not** had close contact in the last 14 days with anyone known to have COVID-19.

**Documentation of the negative PCR test must be given to the school.**

*\* PCR is a Polymerase Chain Reaction test. If the student was tested with a rapid **antigen** test or rapid **Abbot ID NOW** test, a follow up PCR test must be done before the student can return to school.*

- If your student is **TESTED** and receives a positive COVID-19 test, please let us know immediately. The student must stay home until all of the following are true:
  - It has been at least 10 days since the student first had symptoms
  - No fever for 24 hours (without using fever-reducing medicine)
  - Symptoms have improved, including cough and shortness of breath

If the student tested positive and all of the above are true, the student **does NOT need a negative test in order to return to school.**

**If your student is NOT TESTED for COVID-19:**

- If the student is **NOT TESTED** and receives confirmation of an alternative diagnosis from a health care provider that would explain the COVID-19-like symptom(s), they may return to school following normal policies, and all of the following are true, including:
  - No fever for 24 hours (without the use of fever-reducing medicines)



- Symptoms are better
- The student does not have a pending COVID test
- No one else in the household is being tested for COVID

**Documentation from the student’s medical provider must be given to the school.**

- If a student is **NOT TESTED** and does not receive an alternative diagnosis, they must stay at home until all of the following are true:
  - It has been at least 10 days since the student first had symptoms
  - No fever for 24 hours (without using fever-reducing medicine)
  - Symptoms have improved, including cough and shortness of breath

*Note: Testing is recommended for most people with COVID-19 symptoms*

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Siblings or others who live with the student must also stay home from school until one of the following is true:

- The student receiving this letter tests negative for COVID-19 (with a PCR test)
- The student receiving this letter receives an alternative diagnosis from their healthcare provider
- The student receiving this letter tests positive or is not tested and the siblings/other household members quarantine for 14 days from the last date of exposure to the student who received this letter.

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Please call the school to discuss remote learning options while your student is at home.

Please follow up with your School Nurse to confirm when to return or with other questions or concerns.

For more information, contact the Mecklenburg County Public Health Hotline: **980-314-9400** or go to <https://www.mecknc.gov/COVID-19>

To find testing locations near you visit: [Mecklenburg County COVID-19 Testing Site Locator website.](#) or <https://covid19.ncdhhs.gov/about-covid-19/testing/find-my-testing-place>

<b>TO BE COMPLETED BY MEDICAL PROVIDER</b> (and returned to School Nurse) <i>Student was sent home due to COVID-like symptoms. Further evaluation required.</i>		
<b>Student Name:</b> _____		
<b>Date of Evaluation:</b> _____		
<b>COVID-19 Testing:</b>		
Type of COVID Test	Result	Date Performed
<input type="checkbox"/> PCR	<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> PENDING	

<i>(Includes POC RT-PCR tests (e.g. Cepheid Xpress Xpert; Roche "cobas"))</i>		
<input type="checkbox"/> RAPID ANTIGEN  <input type="checkbox"/> RAPID Abbot ID NOW <i>(Isothermal amplification test)</i>	<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <i>(If student is symptomatic and negative rapid antigen or rapid Abbot ID NOW) test result, follow-up PCR test must be performed and resulted prior to student returning to school.)</i> <input type="checkbox"/> Follow-Up PCR test sent <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> PENDING	
<input type="checkbox"/> COVID-test not performed	<b>Reason:</b> <hr/> <hr/> <hr/>	
Alternative Diagnosis:		
Recommendations for Return to School: _____ _____ _____		
Practice/Clinic Name: _____  Phone Number: _____  Address: _____		
Provider Signature: _____ Date: _____		