

McKinney Independent School District
Health Services
Return to School After Suspected COVID -19 Symptoms

STUDENT NAME _____ ID _____ DATE _____

Your student is being sent home today due to the following symptoms:

- Fever (100.0 or greater) Loss of Taste or Smell Cough Headache
- Difficulty Breathing Shortness of Breath Significant Muscle Pain or Ache
- Diarrhea Sore Throat Chills/Shaking/Shivering Congestion/Runny Nose

Due to the potential of COVID-19 and the symptoms your student is experiencing, a note from a medical professional **WILL BE REQUIRED** *with the alternative diagnosis listed on the note*, for student to return **before** the exclusion criteria listed below (page2).

A physician's letter to readmit to school will not supersede the Department of State Health Services (DSHS).

The first day your student can return to school will be: _____

<p>Medical Professional's Diagnosis</p> <p>Diagnosis: _____ May Return to school on: _____</p> <p>Physician Name _____ Signature _____</p> <p>Phone/Location/Name of Medical Facility (or stamp):</p>
--

A Doctor's or Health Department return to school note can be FAX or e-mailed to the campus Nurse.

Campus Nurse

Campus

Phone

Fax

Email

McKinney Independent School District
Health Services
Return to School Criteria

STUDENT tests <u>POSITIVE (+)</u> for COVID -19	STUDENT tests <u>NEGATIVE (-)</u> for COVID-19	STUDENT is <u>NOT tested</u> for COVID-19 <i>but has symptoms</i> and is believed to be positive
<p><u>ALL 3 of the following</u> MUST be met before return to school:</p> <p><u>Fever free</u> for 24 hours <u>WITHOUT</u> the use of fever reducing medications</p> <p style="text-align: center;">AND</p> <p>Symptoms resolved (cough, shortness of breath, etc.)</p> <p style="text-align: center;">AND</p> <p>At least 10 days have passed since symptoms began</p>	<p><u>A medical professional's note stating</u> student is COVID-19 negative AND an alternative diagnosis is documented and presented to the school nurse.</p> <p><u>Fever free</u> for 24 hours <u>WITHOUT</u> the use of fever reducing medications</p> <p style="text-align: center;">AND</p> <p>Symptoms resolved (cough, shortness of breath, etc.)</p>	<p>The student MUST <u>remain home for 10 days</u> and follow the same return to school criteria as in column 1 (COVID +) before return to school.</p> <p style="text-align: center;"><u>OR</u></p> <p>Receives an <u>alternative diagnosis from a medical professional</u>, documented and presented to the school nurse.</p>

Any student that has a member of their household test positive for COVID-19 MUST stay home and self-isolate/avoid public spaces. Please contact your school nurse for further information if your student is self-isolating at home.

The health and safety of all MISD students, staff and community are always our top priority. Please contact the campus Nurse or Counselor for additional resources available.

Please see you Healthcare Provider

Or

ask you campus nurse for a list of COVID-19 resources.

McKinney Independent School District Health Services

Student Name _____

Exclusion Dates: Month(s) _____ Year _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

CALENDAR DAYS

