

Student Health Policy for Returning After Illness

Student Name			Date of absence			
Return to School Date			Grade (please circle) 9 10 11			11 12
Students who are sick shof one or more of the following		-		-		
Fever 100.0F or greater or chills	Cough	Shortness of breath or difficulty breathing	Fatigue	Muscle or body aches	Headao	he
New loss of taste or smell	Sore throat	Congestion or runny nose	Nausea or vomiting	Diarrhea	Other	
In order to preve	nt the sprea	d of illness, the studer	nt must be sym	nptom free (wi	thout the u	se of
medication) for	24 hours bet	f <mark>ore resuming in-pers</mark>	<mark>on learning ar</mark>	<mark>ıd extracurric</mark> ı	<mark>ular activit</mark>	<mark>ies.</mark>
symptom that p Please provide a The State of Ohio requires school by following the cur. Padua will follow the most positive public health outcompositive health health health outcompositive health health health	schools to det rent rules from t current CDC omes. otify the school e presumed posing is not available we close contact	e if your child has been termine when a child, when the CDC, Ohio Depart guidelines and work with of COVID-19 test resustive for COVID-19 mus	seen by a prime o has or is suspendent of Health of the state and look the state and look to the school of the school of the with COVID-	ected to have CO and their local Hocal health departure while awaiting to and isolate in the same and isolate in the same are same as a same are same are same as a same are s	ler. VID-19, can fealth Depart rtment to pro results) accordance	return to tment. omote with CDC
A parent/guardian sign Your signature indicat hours and is able to res	es that the st	udent has been symp	tom free (with	out the use of		
Parent/Guardian Signa	nture:					

Parent/Guardian Printed Name: