

# School Nurse will send home if student presents with:

**2**

OF THE FOLLOWING:

HEADACHE  
BODY ACHES  
CHILLS  
SORE THROAT  
NAUSEA  
VOMITING  
DIARRHEA

**1**

OF THE FOLLOWING:

FEVER  
NEW COUGH  
SHORTNESS OF BREATH  
DIFFICULTY BREATHING  
LOSS OF TASTE OR SMELL

or

## when may I return to school?

### POSITIVE COVID-19 TEST

MAY RETURN AFTER 10 DAYS

**AND**

AT LEAST 24 HOURS NO FEVER  
WITHOUT TAKING MEDICINE

**AND**

SYMPTOMS HAVE IMPROVED

### NO COVID-19 TEST DONE

MAY RETURN AFTER 10 DAYS

**AND**

AT LEAST 24 HOURS NO FEVER  
WITHOUT TAKING MEDICINE

**AND**

SYMPTOMS HAVE IMPROVED

**OR**

MD NOTE FOR RENTRY

### NEGATIVE COVID-19 TEST

AT LEAST 24 HOURS NO FEVER  
WITHOUT TAKING MEDICINE

**AND**

SYMPTOMS HAVE IMPROVED



**IF FEVER IS THE ONLY SYMPTOM, MAY RETURN AFTER AT LEAST 24 HOURS FEVER-FREE WITHOUT TAKING MEDICINE**

