

**FCPS GUIDANCE FOR STUDENT SENT HOME FROM THE CARE ROOM  
WITH COVID-like ILLNESS**

**Section I: Student Information**

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Time:** \_\_\_\_\_ AM/PM

**Your student presented to school staff today with the following new and undocumented symptoms:**

- |                                      |                                   |  |  |
|--------------------------------------|-----------------------------------|--|--|
| <input type="checkbox"/> Fever       | <input type="checkbox"/> Cough    | <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> New loss of taste/smell |
| <input type="checkbox"/> Fatigue     | <input type="checkbox"/> Headache | <input type="checkbox"/> Sore Throat         | <input type="checkbox"/> Runny nose, congestion  |
| <input type="checkbox"/> Stomachache | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Nausea/vomiting     | <input type="checkbox"/> Body aches/chills       |

**School Public Health Nurse/School Health Aide / Designee Observation:**

**Section II: Return to School Guidance**

Due to COVID-19 in the community, please call your healthcare provider for advice on managing your child's care.

**Your child may return to school if their symptoms have improved, they have not had a fever without fever-reducing medications for at least 24 hours, AND have at least one of the following:**

<b>Proof of a Negative COVID-19 Test</b>		<b>Healthcare Provider's Note</b>		<b>Isolation</b>
<ul style="list-style-type: none"> <li>• PCR (test result from lab or physician), <b>or</b></li> <li>• Rapid Antigen (test result from lab or physician), <b>or</b></li> <li>• Home Antigen (picture of negative home test result <u>and</u> note from parent a) attesting the result is for the specific child and b) attesting to the date the test was administered; actual used tests should not be submitted to the school for health and safety reasons)</li> </ul>	<b>OR</b>	<p>Note from a healthcare provider following a clinical evaluation stating the cause of symptoms is not COVID-19 and clearing the student to return to school.</p>	<b>OR</b>	<p>Complete 10 days of isolation from the date of symptom onset</p>

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**If my child doesn't meet the return criteria and/or if I do not have the documentation required for school return, what do I do?**

- If you do not have a healthcare provider's note or proof of a negative test, your student may return after 10 days of isolation on day 11.

**Section III: Resources for More Information:**

Where can I find more COVID-19 guidance for parents of school-aged children?  
(fairfaxcou<https://www.fairfaxcounty.gov/health/novel-coronavirus/schoolsnty.gov>)

Where can I learn more about testing and where my child can obtain a test for COVID-19?  
<https://www.fairfaxva.gov/home/showpublisheddocument/15413/637272281725870000>

Where can I find more information about COVID-19 and protecting my family from illness?  
Virginia Department of Health <https://www.vdh.virginia.gov/coronavirus/>  
Centers for Disease Control and Prevention <https://www.cdc.gov/coronavirus/2019-ncov/your-health/about-covid-19.html>

**Section IV: Parent/Guardian Attestation**

Please complete and sign the [FCPS COVID-19 Negative Home Antigen Test Parent-Guardian Attestation Form](#) and provide a copy to your student's school.