

ISOLATION Return to Learn Criteria

Student Name: _____

Date: _____

Your child has had or reported the following symptoms:

- | | | |
|--|---|---|
| <input type="checkbox"/> Fever or chills | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Sore throat |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Muscle or body aches | <input type="checkbox"/> Congestion or runny nose |
| <input type="checkbox"/> Shortness of breath or difficulty breathing | <input type="checkbox"/> Headache | <input type="checkbox"/> Nausea or vomiting |
| | <input type="checkbox"/> New loss of taste or smell | <input type="checkbox"/> Diarrhea |

Steps to Take

It is recommended that you follow-up with your child’s health care provider.

Return to Learn Criteria

Your child may **not** return to school until one of the following criteria boxes has been met:

A	<p>Your child is test confirmed to have COVID-19 or is experiencing the symptoms of COVID-19,</p> <ul style="list-style-type: none"> • At least 10 days since symptoms first appeared and • At least 24 hours with no fever without fever-reducing medication and • Other symptoms of COVID-19 are improving**Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation
B	<p>Your child tested positive for COVID-19 but had no symptoms,</p> <ul style="list-style-type: none"> • 10 days have passed since the date you had your positive test and <p>If you develop symptoms after testing positive, follow the guidance above for “I think or know I had COVID, and I had symptoms.”</p>
C	<p>Your child has symptoms that could be COVID-19 and wants to return to school before completing the above stay at home period,</p> <ul style="list-style-type: none"> • Obtain <ul style="list-style-type: none"> ○ an acute infection test that comes back negative for COVID-19 (https://tdem.texas.gov/covid-19/) or ○ a medical professional’s note clearing the individual for return based on an alternative diagnosis <p style="text-align: center;">and</p> <ul style="list-style-type: none"> • At least 24 hours with no fever without fever-reducing medication and • Other symptoms of COVID-19 are improving**Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation

If you have questions, please contact your child’s nurse: _____