



Lancaster Central School District

Reopening Guide 2020-2021

COVID-19 Student/Staff Return to School Form

Student/Staff Name: _____

Date: _____

Symptoms being exhibited by student/staff (checked boxes):

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

The District will follow CDC and NYSDOH guidance for allowing a student or staff member to return to school/work after exhibiting signs of COVID-19. Parents/Staff will be required to seek medical attention and **MUST** have a note from a healthcare provider (physician, nurse practitioner, or physician assistant) indicating they can return to school/work.

If a student/staff is diagnosed by a healthcare provider as **NOT** having COVID-19 they may return to school/work:

1. It has been 10 days since the onset of symptoms; or
2. Have been diagnosed with another condition; or
3. There is no fever, without the use of fever reducing medications, and they have felt well for 24 hours; or
4. Have a negative COVID-19 test result.

Must present a written note from a healthcare provider stating they are cleared to return.

If a student or staff member tests positive for COVID-19, they may return:

1. If it has been at least 10 days since the individual first had symptoms. (Positive individuals must remain in isolation during the 10-day period); and
2. If it has been at least three (3) days since the individual has had a fever (without using fever reducing medication) and has had a progressive improvement in symptoms, including cough and shortness of breath.

Must present a written note from a healthcare provider stating they are cleared to return.

Parent/Staff Signature: _____ Date: _____