**COVID Testing and Return to School Letters:**

For most children simply giving the negative test result should be adequate as the schools are aware of and are following the protocols. However, there are some situations when a letter is helpful.

1. **Standard letter stating information, but not giving opinion on when child can return to school.  Schools should use their protocol for this determination:**

@TD@                                                                                DOB: @DOB@

@NAME@

@ADD@

To Whom it May Concern:

 @FNAME@ is a patient under my medical care. @FNAME@ has recently had symptoms that included one or more of the following: Fever (100.0° Fahrenheit or higher), chills, or shaking chills, cough, difficulty breathing or shortness of breath, new loss of taste or smell, sore throat, headache, muscle aches or body aches, nausea, vomiting, or diarrhea, fatigue, nasal congestion.  Parent/guardian reports that these symptoms are now improved.

Symptoms began on \*\*\*.

Last recorded temperature of 100.0° Fahrenheit or higher was on \*\*\*.

A COVID-19 test was: {POSITIVE/NEGATIVE/NOT DONE:15184}

Thank you,

@ENCPROVNMTITLE@

@DEPTPHN@

This statement is valid based on relevant information on the date below, but may change based on new symptoms, exposures, or results. The patient's family has been instructed to notify the office for any changes

1. **Letter for children with alternative diagnoses due to chronic/ongoing conditions.**

@TD@                                                                                DOB: @DOB@

@NAME@

@ADD@

To Whom it May Concern:

@FNAME@ is a patient under my medical care. @FNAME@ has recently had {COVID-19 sx with alt dx:33481} This is unlikely to be due to an acute illness and is not contagious.  @FNAME@ should be able to return to school as soon as @HE@ is feeling better.

Thank you,

@ENCPROVNMTITLE@

@DEPTPHN@

Key to the Epic Code:

TD = today’s date.

ENCPROVNMTITLE = encounter provider with title

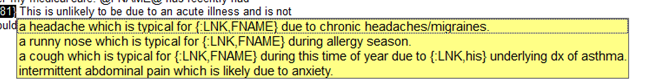
DEPTPHN = department name, address, phone

All others are self-explanatory

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**NOTE:**

{COVID-19 sx with alt dx:33481} is a pick list to choose from the following:



1. **Letter for children who are a known contact of a person who tested positive with COVID-19 but are not symptomatic**

@TD@                                                                                DOB: @DOB@

@NAME@

@ADD@

To Whom it May Concern:

@FNAME@ was known to be in CLOSE CONTACT with a COVID-19 POSITIVE individual.  @FNAME@ should not return to school for 14 days from the time of the last known contact regardless of the COVID-19 test result. Date of last known close contact was \*\*\*.

Thank you,

@ENCPROVNMTITLE@

@DEPTPHN@

This statement is valid based on relevant information on the date below, but may change based on new symptoms, exposures, or results. The patient's family has been instructed to notify the office for any changes

1. **Letter for children who tested positive after being tested for symptoms**

@TD@                                                                                DOB: @DOB@

@NAME@

@ADD@

To Whom it May Concern:

@FNAME@ was tested for COVID-19 due to having SYMPTOMS. The COVID-19 test was POSITIVE. @FNAME@ should remain out of school until 10 days from symptom onset AND at least 24 hours without fever AND symptoms are improving. Symptoms began on \*\*\*.  Repeat testing is not recommended prior to returning to school.

|  |  |  |  |
| --- | --- | --- | --- |
| **Lab Results** |  |  |  |
| Component | Value | Date |  |
|  | SARS CoV 2 RNA, RT PCR | NOT DETECTED | 10/10/2020 |

Thank you,

@ENCPROVNMTITLE@

@DEPTPHN@

This statement is valid based on relevant information on the date below, but may change based on new symptoms, exposures, or results. The patient's family has been instructed to notify the office for any changes.

1. **Letter for children who tested negative after being tested for symptoms**.

@TD@                                                                                DOB: @DOB@

@NAME@

@ADD@

To Whom it May Concern:

@FNAME@ was tested for COVID-19 due to having SYMPTOMS. The COVID-19 test was NEGATIVE. @FNAME@ may return to school when symptoms improve and @HE@ is without fever for 24 hours without fever medication.

|  |  |  |  |
| --- | --- | --- | --- |
| **Lab Results** |  |  |  |
| Component | Value | Date |  |
|  | SARS CoV 2 RNA, RT PCR | NOT DETECTED | 10/10/2020 |

Thank you,

@ENCPROVNMTITLE@

@DEPTPHN@

This statement is valid based on relevant information on the date below, but may change based on new symptoms, exposures, or results. The patient's family has been instructed to notify the office for any changes.