

STUDENT: _____ GRADE: _____ DATE: _____

Dear Parent and/or Guardian,

Your child was **sent to the clinic today** or **was called off from school** with the following symptom(s) consistent with COVID-19:

- Fever of at least 100 degrees F
- Chills
- New onset or worsening congestion or runny nose not associated with allergy symptoms
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Nausea or vomiting
- Diarrhea
- Sore Throat

Please see below and on the reverse side of this letter for return to school criteria in accordance with the Summit County Health Department (SCHD) recommendation for schools. **CDC guidance says even one symptom would require assessment by a doctor or to be excluded 10 days. This is due to the fact, according to Summit County Health that we are in an area of high community spread.** Students are expected to check-in at the school clinic when they return to school:

For people (e.g., **children, care providers, or staff**) with a **COVID-19 diagnosis without a lab test OR people with symptoms consistent with COVID-19 without a medical evaluation (e.g., monitoring symptoms at home)**:

Stay home at least 10 days since symptoms first appeared AND until no fever for at least 1 day without medication AND improvement of other symptoms.

For people (e.g., children, care providers, or staff) with other diagnoses (e.g., norovirus, strep throat) that explain the symptoms, or when a health care provider says symptoms are connected to a pre-existing condition:

Stay home until symptoms have improved. Follow specific return guidance from the health care provider.* Documentation must be provided to the school clinic for your child to return to school.

Sincerely,

Manchester Local Schools Health Services & Administrative Team