Blaine County School District #61

SCHOOL HEALTH OFFICE
Health Care Provider Return to School Decision

Student Name: _____ DOB: _____ Date: _____

❑ Alturas Elementary	Attn: Linda Lubeck	P: 578-5170	F: 578-5190
❑ Bellevue Elementary	Attn: Kali Jolley	P: 578-5080	F: 578-5180
❑ Carey Elem/High	Attn: Kali Jolley	P: 578-5040	F: 578-5141
❑ Ernest Hemingway	Attn: Kali Jolley	P: 578-5050	F: 578-5150
❑ Hailey Elementary	Attn: Linda Lubeck	P: 578-5170	F: 578-5170
❑ WR High School	Attn: Kathie Gouley	P: 578-5038	F: 578-5130
❑ WR Middle School	Attn: Kathie Gouley	P: 578-5038	F: 578-5130
❑ Silver Creek High School	Attn: Linda Lubeck	P: 578-5170	F: 578-5160

To be completed by a health care provider, or their representative, and faxed to the appropriate school listed above.

Our school health office has talked with the parent/guardian of the above student. Please indicate your recommendation for the student's follow up and return to school.

- ❑ We **ARE** recommending the student be tested for COVID-19 at this time.
- ❑ We **ARE NOT** recommending the student be tested for COVID-19 at this time.
- ❑ COVID-19 **Test Only**- Not seen by a Health Care Provider
    - ❑ Positive Test Results
    - ❑ Negative Test Results

Recommendation for return to school:

- ❑ Stay home until symptoms improve AND he/she is fever-free without the use of medication for 24 hours, AND 10 days since onset of symptoms.
- ❑ Be tested. Remain home until test results are determined.
  If positive, follow the guidelines of South Central Public Health District.
  If negative, stay home until symptoms improve AND he/she is fever-free without the use of medication for 24 hours
- ❑ Other: _____
  _____
  _____
- ❑ Please see attached form if our facility has its own documentation.

Signature of Health Care Provider: _____ Date: _____

Exposure = <6ft for ≥ 15 minutes

Revised 09/24/2020