



# Nativity of the Blessed Virgin Mary COVID-19

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Student sent home due to Symptoms:  Temp of: \_\_\_\_\_ at \_\_\_\_\_ Method: \_\_\_\_\_

Cough  Breathing difficulties  Headache  Loss of taste/smell  Body Aches  Unusual Fatigue

Sore Throat/runny nose  Nausea/Diarrhea/Vomiting  Direct Exposure

\_\_\_\_\_

*\*Symptoms seen outside of Chronic pre-existing documented conditions.*

**It is strongly recommended the student be seen by their Primary Care Provider for further evaluation. Your student may return to school under one or more of the following conditions:**

- A Negative COVID test - documentation **MUST** be provided to the school before returning **OR**
- A Medical Diagnosis of a non-COVID condition **with** documentation provided to the school **OR**
- At least 10 days have passed since the onset of the above symptoms. A clearance note from the primary medical provider is preferred.

**AND**

- It has been at least 3 days since the student has had a fever (without the use of fever reducing medications)
- Symptoms are resolved and your student is clearly feeling better and ready to return.

**If a student has a Positive COVID test - return to school is determined solely by the Department of Health.**

Medical documentation may be faxed to the school to : 716-626-1637

You may contact the school nurse Hana Muller, RN at 716-633-1531.

**Statement from Primary Care Medical Provider** - (Provider forms also accepted)

This student was examined on \_\_\_\_\_ (date) by \_\_\_\_\_

The result of the examination:  No illness found  Non-Communicable Disease  Communicable Disease

Diagnosis: \_\_\_\_\_ (required)

The student may return to school on \_\_\_\_\_

(date)

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

*Primary Care Provider's Signature*

*I, the parent or guardian of this student, release this information to Nativity Schools for the purpose of verification.*