

J. Brooks Hoffman '36 Health Center | Blair Academy healthcenter@blair.edu | (phone) 908-362-2010 | (fax) 908-362-7885

COVID-19 RETURN-TO-SCHOOL & PLAY FORM 2022-23

Student's Name:	DOB:
Date of symptom onset:	Date of positive COVID-19 test result (if applicable):
 Fever is defined as >100.4F, and WITHOUT the use of medication 	d "resolved" means the student has a temperature below 100.4F n.
 If fever was never present, the other guidelines must still be followed. 	
 If testing is PENDING, please co 	mplete the form only after results are available.
 A student may not return while a 	a test is pending.
	RETURN-TO-SCHOOL
PLEASE SELECT ONE (PER CDC/N	JDOH GUIDELINES):
Student found to have another sour school 24 hours after fever has resolved.	ce of symptoms, SARS-COV2 testing was NOT done, and may return to ved and other symptoms improve.
Student had a NEGATIVE test for school 24 hours after symptoms have	SARS-COV2, as well as another source of symptoms, and may return to re resolved.
· · ·	has a POSITIVE test for SARS-COV2 must stay home and isolate from um of 5 days. Fever must have resolved for over 24 hours and symptoms
the date of the test for 5 days. If syn	d has a POSITIVE test for SARS-COV2 must stay home and isolate from aptoms develop, the student must THEN stay home until 24 hours after proving, with a minimum of 5 days from the date of symptom onset.
symptoms and/or cardiac sympto	has tested positive and is symptomatic for COVID-19 with moderate ms must be examined, provide EKG, and cleared by a cardiologist and note of clearance to the Health Center for review.
return-to-play protocol. Consider and adolescents who experienced r	thletes who have tested positive for COVID-19 follow a graduated ation for extending the progression should be given to children moderate COVID-19 symptoms as recommended by the American -19 Interim Guidance: Return to Sports and Physical Activity.
	RETURN-TO-PLAY
PLEASE SELECT ONE (PER AAP G	UIDELINES):
Student has already advanced back to signs/symptoms	to physical activity on their own and is without abnormal cardiovascular
	day symptom free (excluding loss of taste/smell), 2 days of increase in ay 3. To be completed with athletic trainer.
	m free (excluding loss of taste/smell), and a minimum of 4 days of gradual es before day 5. To be completed with athletic trainer.



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Based on current CDC/DOH guidelines, the patient's exam and results for any tests that may have been performed, this patient may return to school once any fever has resolved x 24 hours (without the use of medication) and other symptoms are improving.

medication) and other symptoms are improving.
The earliest this patient may return to school is:
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.
Health Care Provider's Name (print):
Health Care Provider's Signature:
Today's Date:
Office Stamp: