



MAMARONECK UNION FREE SCHOOL DISTRICT HEALTH OFFICE

1000 W Boston Post Road
Mamaroneck, New York 10543

Dear Parent/Guardian,

Date: _____

Your child _____ has been sent home today with a symptom(s) of Covid-19. There are however several other illnesses that can cause this symptom(s). An evaluation from a Healthcare Provider (HCP) is required to determine the cause. This can be your child's Primary HCP or a HCP at an urgent care center.

See below for the sign or symptom(s) that your child displayed today (circled).

- A temperature greater than or equal to 100.0° F (37.8° C)
- Feel feverish or have chills
- Cough
- Loss of taste or smell
- Fatigue/feeling of tiredness
- Sore throat
- Shortness of breath or trouble breathing
- Nausea, vomiting, diarrhea
- Muscle pain or body aches
- Headaches
- Nasal congestion/runny nose

Mamaroneck Union Free School District **must follow** the most up-to-date NYSDOH and local Health Department guidelines for returning to school. Below are additional guidelines for the health and safety of our School Community.

- ❖ Any student that has had Covid-19 testing must stay home until the results are received and reported to school.
- ❖ It is recommended that if a household member is symptomatic and testing for Covid-19 that you keep your student home until results are received.
- ❖ If someone in your household is Covid -19 Positive, ALL household members must quarantine and the Positive person(s) must isolate from the rest of the household members. Please consult with your Health Care Provider and Department of Health for further instruction.
- ❖ For students who are confirmed positive for Covid -19 retesting is not recommended within 90 days after the date of symptom onset. Therefore, a negative test to return to school is not required. Students must complete the mandatory 10-day isolation period, 72 hours fever free (without medication) and an improvement in symptoms in order to return to school.

Your Health Care Provider can complete "The Return to School Medical Clearance Documentation" or a similar written confirmation detailing the evaluation or a copy of the test result.

Please note only Molecular RT-PCR testing will be accepted for symptomatic students to return to school. Rapid Antigen Testing is acceptable for positive results only. A negative rapid Antigen test CANNOT rule out Covid-19 and should be followed by a RT-PCR test.

Documentation must be received and reviewed by the School Nurse BEFORE your child enters the building or rides the bus.

Thank you,

Maureen Crean RN 914-220-3112
Mcrean@mamkschools.org

Dina Murphy RN 914-220-3111
Dmurphy@mamkschools.org



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RETURN TO SCHOOL MEDICAL CLEARANCE DOCUMENTATION (Completed by Health Care Provider)

Student's Name: _____ **DOB:** _____ **GRADE:** _____ **DATE:** _____

Date sent home from school or first day absent from school: _____

Date Symptoms First Appeared: _____

Please Note Only Molecular RT - PCR testing will be accepted for symptomatic students to return to school. Rapid Antigen testing is acceptable for positive results only. A negative Rapid Antigen test CANNOT rule out Covid -19 and should be followed by a RT-PCR. Select one option below according to NYSDOH guidelines.

Molecular RT-PCR Covid - 19 Test: _____

Date of test: ____ / ____ / ____ ☐ Not Done ☐ Positive ☐ Negative ☐ Pending

Rapid Antigen Covid - 19 Test: _____

Date of test: ____ / ____ / ____ ☐ Positive ☐ Negative

_____ Student found to have symptoms consistent with Covid -19. Covid-19 testing was NOT done, student must stay home until 72 hours after fever has resolved and symptoms have improved, with a MINIMUM of 10 days from the onset of symptoms.

_____ Student has a NEGATIVE Covid -19 test and must stay home until 24 hours after fever has resolved and symptoms have improved.

_____ Student has a POSITIVE Covid-19 test and must stay home until 72 hours after fever has resolved and symptoms have improved, with a MINIMUM of 10 days from the onset of symptoms.

_____ Student is asymptomatic but has a POSITIVE Covid-19 test and must stay home for 10 days from the date of the test. If symptoms develop, the student must THEN stay home until 72 hours after fever has resolved and symptoms have improved, with a MINIMUM of 10 days from the onset of symptoms.

_____ Student has a known "close contact" exposure to someone with COVID-19 (who is within 6 feet for a cumulative total of 10 min or more) and must quarantine for 10 days from the date of the last exposure, regardless of the test result.

_____ Student has a diagnosis of a known chronic condition with unchanged symptoms. Diagnosis must be accompanied with a Health Care Providers detailed documentation that will be reviewed by the District's Medical Team.

Health Care Provider's Name: _____ **STAMP**

Health Care Provider's Signature: _____

