



Mr. Thomas O'Malley
Superintendent

Mr. William Sanderson
Assistant Superintendent/Principal

Covid-19 Health Protocol

Dear Parent/Guardian,

Due to your student exhibiting Covid-19 like symptoms proper documentation is mandatory to return to school, sports, and/or any clubs sponsored by EPCHS. **It is important that ALL household members stay home and quarantine until COVID-19 is ruled out on the sick individual using an RT-PCR test (rapid tests are not acceptable).**

Medical evaluation AND Covid-19 testing are strongly recommended for all students with Covid like symptoms.

In order to return to in-person learning, sports, and or clubs EPCHS requires the following documentation:

1. A negative **RT-PCR COVID-19 test** (or physician note stating test was negative) performed within 48 hours before or after symptom onset **AND** be symptom/fever free for 24 hours without the use of fever reducing medication.

OR

2. A physician note stating **there is no clinical suspicion for Covid-19 infection** and indicating an **alternative diagnosis with a return to school date** (*please see enclosed form for your healthcare provider to complete*)

PLEASE READ:

If your student tests **POSITIVE** for Covid-19, please notify the school immediately.

******Individuals who test positive for Covid-19 must ISOLATE for a minimum of 10 days AND until fever free for 24 hours with resolution of symptoms. All close contacts must quarantine for 14 days.**

Thank you for your partnership and support!

Vicky Tracy
District Nurse EPCHS
vtracy@evergreenpark.org



Mr. Thomas O'Malley
 Superintendent

Mr. William Sanderson
 Assistant Superintendent/Principal

EPCHS Covid-19 Return to School Form- to be completed by a healthcare professional.

Dear Healthcare Provider,

Please complete the following information

Name of Student: _____

Date of Exam: _____

Date of Covid-19 RT-PCR Test: _____

Test Results: _____

*****If testing is not performed due to the clinical judgement of the healthcare provider please indicate the following:**

Clinical Suspicion for Covid-19 infection, circle one: Yes/No

Alternative Diagnosis, if not Covid-19: _____

Student is not exhibiting Covid-19 symptoms and is cleared to return to school on the following date (must be symptom/fever free for 24 hours): _____

Additional Healthcare Provider notes:

Healthcare Provider signature: _____ Date: _____