



SHAWNEE MISSION

SCHOOL DISTRICT

Name: _____

Date: _____

In compliance with the Johnson County Department of Health and Environment protocol for COVID-19 exclusion, the above named individual has been advised to isolate for 10 days.

The individual has ONE or more of the following symptoms (circle):

Fever New Cough Shortness of Breath New loss of taste/smell

The individual has TWO or more of the following symptoms (circle):

Sore throat Fatigue Runny Nose Congestion Headache
Nausea Vomiting Diarrhea Body Aches Chills

May return to school/work on (date) _____.

Prior to returning to school/work:

- Should remain in isolation for 10 days.
- Should be fever free without fever reducing agents.
- Symptoms have significantly improved.
- NOT waiting on a COVID-19 test result.
- Has contacted the school nurse.

The individual may be admitted back to school prior to the 10-day isolation period if a physician determines symptoms are not attributed to COVID-19 and/or documentation of a negative PCR COVID-19 test is provided.

Physician
statement: _____

Physician Signature: _____ Date: _____

Physician Phone: _____

Physician Address: _____

PLEASE RETURN THIS FORM TO THE SCHOOL NURSE

10/9/20