



### RE-ENTRY AFTER ABSENCE FORM

To help provide a safe environment for the students, faculty, and staff and St. Francis de Sales School, and in accordance with the SFDS Hybrid Plan for the 2020-2021 school year, any student or staff member that is absent from school or dismissed by the school administration for any reason must complete this form and return it to the school office upon their return.

**Student / Staff member Name:** \_\_\_\_\_

**Date(s) of absence:** \_\_\_\_\_

**Reason for absence:** \_\_\_\_\_

Was the doctor called?     No     Yes

Was student/staff member seen by doctor?

No

Yes/date: \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

**Treatment:** \_\_\_\_\_

Was student / Staff member tested for COVID-19?     No     Yes/date: \_\_\_\_\_

Covid-19 test results:     Positive     Negative

Has doctor approved student/staff member for return to school?    date \_\_\_\_\_

Has student/staff member been "symptom free" for 24 hours  
without medication?     yes     no

I acknowledge that my student is / (I am) well and may return to school in accordance with the SFDS COVID-19 Return to School guidelines. My child has / (I have) not had a temperature greater than 99 degrees for at least 24 hours without the use of fever reducing medication and is not exhibiting symptoms of COVID-19. If my child / (I have) tested positive for Covid-19, at least 10 days have passed since symptoms first appeared, symptoms have improved, and temperature has been below 100 degrees without fever reducing medication. If my child has/ (I have) been exposed to COVID-19, symptoms have been monitored for at least 14 days from the last contact. Depending on the circumstances, authorization from a health care professional may be required to return to school.

\_\_\_\_\_  
Parent/Staff member Name (PRINT)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
DATE