

St. Luke's School After Absence Form

Student/Staff Name: _____

Date of birth: _____ Grade: _____

Date(s) of absence: _____ Dates of travel: _____

Reason for absence:

Travel Close contact _____

Sick: Other _____

Symptoms (check all that applied)
<input type="checkbox"/> Cough
<input type="checkbox"/> Shortness of Breath
<input type="checkbox"/> Loss of taste
<input type="checkbox"/> Loss of smell
<input type="checkbox"/> Fever
<input type="checkbox"/> Chills
<input type="checkbox"/> Muscle or body aches
<input type="checkbox"/> Headache
<input type="checkbox"/> Sore throat
<input type="checkbox"/> Fatigue
<input type="checkbox"/> Congestion or Runny Nose
<input type="checkbox"/> Nausea or Vomiting
<input type="checkbox"/> Diarrhea

Date symptoms started: _____ Date symptoms ended: _____

COVID Test? No Yes: Date(s) of test(s): _____

Location of test: _____ Test result: _____

Rapid test PCR test

Isolation end date (if positive test): _____

I attest that the student is ready to return to school because: (all must apply)

Not had a fever (Temp higher than 100.4) in greater than 24 hours

Not taken any medicine for fever in greater than 24 hours

Grade K-8: Symptom(s) have significantly improved for at least 24 hours or return to usual health

Pre-K: Symptom(s) have resolved (return to usual health)

Name of person attesting: _____

Signature: _____ Date: _____

Phone number _____