

St. Luke's School After Absence Form

Student/Staff Name: _____

Date of birth: _____

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

Symptom(s) have significantly improved and parent has communicated with the school nurse before my child returned to school

Name of person attesting: _____

Signature: _____ Date: _____