

## **Hastings on Hudson UFSD Health Office**

**Hillside Elementary School - 914-478-6280**

**Farragut Middle School - 914-478-6224**

**Hastings High School - 914-478-6225**

Dear Hastings Families,

The Health Offices are so happy to be welcoming our students back into the buildings once again. We are looking forward to reuniting with our familiar faces as well as meeting some new faces, masks and all!

The buildings will appear different and so will our health offices. We now have two separate offices, one of which will handle injuries, medication, diabetic care and other non illness related needs. The other office will care for all students who are not feeling well due to various complaints. These may include stomach issues, sore throats, cough and any symptoms which may be related to COVID-19 or other illnesses.

This year our assessments will be a bit different from other years. We will have to err on the side of caution with all illness related visits. We encourage all families to update the parent portal with current information and contacts so in the event your child becomes ill, they will be able to be picked up within a reasonable amount of time. We also strongly encourage families to keep your child home if they are not feeling well. This will help greatly to minimize the spread of any viruses or illness.

Lastly, the health office, in collaboration with our medical director Dr. Su, has formulated a tool to aid in the nurse's assessment and to help adhere to the NYS guidelines as to when a student may return to school. These guidelines are also reflected in the district reopening plan. **Please review the Nursing Assessment and Return to School documents on the next pages.**

If your child has any of the following symptoms listed on the assessment tool and it is not their baseline, they will be sent home. Please notify your child's healthcare provider to discuss the next steps.

If your child has a medical condition, such as a seasonal allergy or asthma, which may present with symptoms similar to COVID-19, please provide documentation from your child's healthcare provider stating this information and clearance to remain in school.

**\*If your child is sent home due to illness, the following form must be completed by your healthcare provider in order for your child to return to school. Once again, we must be in compliance with NY State, thus ensuring the safety of all our students and staff.**

**Gina Kowalski, RN   Joanne Cipollina, RN   Patricia Feeney, RN   Sally Ann Cullen, RN**

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Name \_\_\_\_\_

Date \_\_\_\_\_

Grade \_\_\_\_\_

Time \_\_\_\_\_

**Section 1. Completed by School Nurse**

Student presented to the health office with the following complaints: \_\_\_\_\_

Additional comments or observations: \_\_\_\_\_

**Does the student have any of the following symptoms:**

Fever ( $\geq 100.1^{\circ}\text{F}$ ) or chills Yes  No

Cough Yes  No

Shortness of breath or difficulty breathing Yes  No

Fatigue Yes  No

Muscle or body aches Yes  No

Headache Yes  No

Loss of taste or smell Yes  No

Sore throat Yes  No

Congestion or runny nose Yes  No

Nausea or vomiting Yes  No

Diarrhea Yes  No

Temperature: \_\_\_\_\_

Completed by: \_\_\_\_\_

**SECTION 2 ON THE BACK OF THIS FORM MUST BE COMPLETED BY YOUR HEALTHCARE PROVIDER BEFORE STUDENT CAN RETURN TO SCHOOL. ➡**

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**Section 2. Return to School Documentation**

(completed by healthcare provider)

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date sent home from school or first day kept home from school: \_\_\_\_\_

**COVID Testing:**

- Not Done
- Positive
- Negative
- Pending

The earliest this patient may return to school is: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_

**Please select one** (per NYS guidelines):

\_\_\_\_\_ Student found to have symptoms consistent with COVID. COVID testing was NOT done, student may return to school 72 hours after fever has resolved and other symptoms have improved, with a MINIMUM of 10 days from the onset of symptoms.

\_\_\_\_\_ Student has a NEGATIVE COVID test and may return to school 24 hours after fever has resolved and symptoms have improved.

\_\_\_\_\_ Student has a POSITIVE COVID test and must stay home until 72 hours after fever has resolved and other symptoms have improved, with a MINIMUM of 10 days from the onset of symptoms.

\_\_\_\_\_ Student is asymptomatic but has a POSITIVE COVID test, must stay home for 10 days from the date of the test. If symptoms develop, the student must THEN stay home until 72 hours after fever resolves and other symptoms are improving, with a MINIMUM of 10 days from the onset of symptoms.

\_\_\_\_\_ Student has a known exposure to someone with COVID-19 and must quarantine for 14 days from the date of the last exposure, regardless of test results.

\_\_\_\_\_ Student has a PENDING COVID test. No school until the student has received the results of the test. Return to school guidance above.

**\*Please note, as stated above, if your child has COVID-19 symptoms and is not tested they must remain home for a minimum of 10 days from the onset of symptoms.**

