

# SYMPTOMATIC STUDENT PARENT LETTER

**CORONAVIRUS**  
COVID-19

Date: \_\_\_\_\_

To parent or guardian of \_\_\_\_\_,  
Your child is being sent home from school today since they have presented with symptoms that may be suggestive of COVID-19. Your child was noted to have the following new onset or worsening symptom(s):

1. Is student currently experiencing ONE or more of the following symptoms unrelated to a known pre-existing condition (e.g. asthma, allergies)?

☐ New cough      ☐ Shortness of breath      ☐ Difficulty breathing      ☐ New loss of taste or smell

2. Is student currently experiencing TWO or more of the following symptoms unrelated to a known pre-existing condition (e.g. asthma, allergies)?

☐ Fever (100.4 degrees or higher)      ☐ Headache      ☐ Diarrhea (2x in 24 hours)  
☐ Chills (rigors)      ☐ Sore throat      ☐ Nausea or vomiting (2x in 24 hours)  
☐ Muscle aches (myalgias)      ☐ Fatigue      ☐ Congestion or runny nose

Polymerase Chain Reaction (PCR) COVID-19 testing is strongly recommended. Contact your medical provider and get tested for COVID-19.

OCHD recommends students should return to school:

If your child tests positive for COVID-19, keep them in home isolation for 5 days. They can return after being fever free for 24 hours without the use of fever reducing medication and symptoms have improved. A negative test result is not required to return to school once all criteria is met.

**For testing resources, contact the Oakland County Nurse on Call at  
1-800-848-5533 or [noc@oakgov.com](mailto:noc@oakgov.com)**