

CITY SCHOOL DISTRICT OF ALBANY  
DEPARTMENT OF PUPIL PERSONNEL SERVICES

**HE 1901 COVID 19 RISK ASSESSMENT**

Dear Parent,

Your child is being excluded from school today \_\_\_\_\_ because they were noted to be ill today with the following circled symptoms:

- **FEVER** \_\_\_\_\_
- Chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

At this time, your child may not enter our school buildings or buses. They may certainly participate in on-line learning if it is available. They will need to test negative for COVID-19 before they can return to school, and it is strongly recommended your child be seen by their primary care physician.

If your child cannot be tested, they can be treated as if they are positive for COVID-19, stay home quarantined and return to school 11 days from now provided they were free of fever on days 8,9,&10 (without having any tylenol, ibuprofen, etc.) and their symptoms improved. If you have any questions, please call your school nurse.

Thank you for your cooperation in all of this, we know that with everyone's help we will be able to keep our schools thriving!

CSDA Employee signature:

Title: RN

Other

\_\_\_\_\_

**If they go to their doctor, please have them fill out information below:**

I have assessed \_\_\_\_\_ DOB \_\_\_\_\_

They were tested for COVID-19 on this date: \_\_\_\_\_

The results were: \_\_\_\_\_ (Please attach a copy if possible.)

They may return to school on this date: \_\_\_\_\_

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