October 6, 2020

Dear Physicians,

As you know, schools in Austin/Travis County have begun opening for in person learning the past few weeks. Through these opening weeks, we have been in close communication with the school districts, charter schools, and private and independent schools. One of the challenges that has developed is with return to school notes from physicians’ offices. More detailed return to school documentation from physician’s offices would help schools make the best decisions to keep their students and staff safe.

Schools are faced with the challenge of determining when people can safely return to school if they have or had COVID-like symptoms. There have also been questions about for whom they must identify close contacts and have them quarantine. Some of the notes that are provided to schools contain few details or simply provide a return to school date with no additional information. A couple of examples of situations that have presented challenges to schools are:

- Whether a person who tested negative for COVID-19 but was told to isolate was considered a presumptive positive based on clinical judgement, and therefore, the school should identify the person’s close contacts and have them quarantine; and
- When to allow return to school for symptomatic persons who are given an alternative diagnosis but are not tested for COVID-19.

To help facilitate this communication, we are asking for your assistance with the following:

- The Texas Medical Association has developed a COVID-19 Physician Return to School Letter for Students (linked here and attached) as a resource for physicians. I encourage physicians to use either this resource from TMA or to provide students with similarly detailed documentation to share with schools.
- I also encourage you to test all patients presenting with COVID-like symptom(s) before providing documentation of an alternative diagnosis.

These steps will strengthen the connection between the schools and physicians so we can all work together to keep the community safe during this pandemic.

If you need to report COVID-19 cases or have questions, please call APH nurse line at 512/972-5560. I appreciate your continued dedication to ensure the health and safety of the Austin/Travis County community as we all respond to the COVID-19 pandemic.

Sincerely,

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COVID-19 PHYSICIAN LETTER FOR STUDENTS

Practice Name: ___________________________ Phone: ___________________________

Student Name: ___________________________ Date of Birth:_________________________
Grade: ___________________________

Date sent home or first day kept home from school: ___________________________

This student has been evaluated by a physician due to symptoms consistent with COVID-19 or exposure to a person with COVID-19. The student’s status and conditions for return to school are marked below. Return-to-school conditions are based on current Centers for Disease Control and Prevention (CDC) guidelines and are intended to complement school policy. Return-to-school conditions may change based on new guidelines, symptoms, exposures, or results. Parent/guardian has been instructed to notify the school and physician of changes to the student’s symptoms, exposures, or results.

If testing is PENDING, the physician should complete the form only after results are available. Notify parent or guardian that student may not return while a test is pending and must quarantine at home until results are available.

<table>
<thead>
<tr>
<th>Status (Check only ONE)</th>
<th>COVID-19 Testing†</th>
<th>Test Result</th>
<th>Is student symptomatic?</th>
<th>RETURN-TO-SCHOOL CONDITIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Student has had close contact¹ with someone confirmed to have COVID-19 and must quarantine for 14 days from the date of last contact unless a positive COVID test is noted below.</td>
</tr>
</tbody>
</table>
|                         | Not performed     | N/A         | Yes, but other source determined | Student may return to school 24 hours after fever² has resolved, other symptoms have improved, and the other source of symptoms is resolved. Other symptom source (optional): ___________________________
|                         | Not performed     | N/A         | Yes, source undetermined | Student may return to school 24 hours after fever² has resolved and other symptoms have improved, after a MINIMUM of 10 days from symptom onset. |
| PCR or Antigen          | –                 | Yes, but other source determined | Student may return to school 24 hours after fever² has resolved, other symptoms have improved, and the other source of symptoms is resolved. Other symptom source (optional): ___________________________ |
| PCR                     | –                 | Yes, source undetermined | Student’s constellation of symptoms is significant enough to be still considered at risk and may not return to school until 24 hours after fever³ has resolved and other symptoms have improved for a MINIMUM of 10 days from symptom onset. |
| Antigen                 | –                 | Yes, source undetermined | Student’s negative test result indicates symptoms are unlikely to be due to COVID-19. Student may return to school 24 hours after fever³ has resolved and other symptoms have improved. |
| PCR or Antigen          | +                 | Yes, source is presumed COVID-19 | Student must stay home until 24 hours after fever³ has resolved and other symptoms have improved, with a MINIMUM of 10 days from symptom onset. |
| PCR or Antigen          | +                 | No, student is asymptomatic | Student must stay home for 10 days from the date of the test. If symptoms develop, the student must THEN stay home until 24 hours after fever³ resolves and other symptoms have improved, with a MINIMUM of 10 days from symptom onset. |

Other comments:

Earliest date this student may return to school: ___________________________ Today’s date: ___________________________

Physician name: ___________________________ Parent or guardian name: ___________________________

Physician signature: ___________________________ Parent or guardian signature: ___________________________

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1 Antibody testing cannot diagnose current COVID-19 infection and should not be used to determine conditions for a student’s return to school.

2 CDC defines close contact as the following:
   - You were within 6 feet of someone who has COVID-19 for a total of 15 minutes or more (regardless if either person was wearing a mask).
   - You provided care at home to someone who is sick with COVID-19.
   - You had direct physical contact with the person (hugging or kissing).
   - You shared eating or drinking utensils.
   - Someone sneezed, coughed, or somehow got respiratory droplets on you.

3 Fever is defined as ≥100 °F. Fever is resolved if a student’s temperature is below 100.5 °F for 24 hours WITHOUT the use of medication. If fever was never present, all other guidelines must still be followed.