

Wills Point Independent School District



COVID-19 Referral Form

Student: _____

Date: _____

Dear Doctor:

This child was sent home from school with symptoms of COVID-19. An alternate diagnosis or negative COVID test is required per TEA guidelines in order to return to in person school before the 10 day isolation period is over.

Alternate Diagnosis: _____

Recommendation: _____

COVID-19 Test Results: Positive _____ Negative _____ Not Performed _____

Physician Signature: _____ Date: _____

Physician Phone Number: _____

In the case of an individual who has symptoms that could be COVID-19 and who is not evaluated by a medical professional or tested for COVID-19, such individual is assumed to have COVID-19, and the individual may not return to the campus until the individual has completed the same three-step set of criteria listed on attached paperwork. **If the individual has symptoms that could be COVID-19 and wants to return to school before completing the above stay at home period, the individual must either (a) obtain a medical professional's note clearing the individual for return based on an alternative diagnosis or (b) obtain an acute infection test (at a physician's office, approved testing location, or other site) that comes back negative for COVID-19.**

Source: <https://tea.texas.gov/sites/default/files/covid/SY-20-21-Public-Health-Guidance.pdf>

Thanks,

Nurse's Signature

Date