



WEST SHORE SCHOOL DISTRICT

**Student Positive/Presumed Positive Return to School  
Verification Form**

*To be completed by Parent/Guardian and returned to school nurse prior to return.*

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Student's Last Name

Student's First Name

Grade

**Verification:**

I, \_\_\_\_\_ (parent/guardian), attest to the following:

- At least ten (10) days have passed since the student named below received a COVID-19 positive test or was deemed a Probable Individual; and

Date of positive test: \_\_\_\_\_

Date deemed probable: \_\_\_\_\_

- Student has not had a fever for at least twenty-four (24) hours without taking medication to reduce fever during that time; and

Date of last fever of 100.4 degrees or higher: \_\_\_\_\_

- Student's symptoms, if any, have improved.

Date symptoms, if any, improved: \_\_\_\_\_

- The Pennsylvania Department of Health did not isolate the student, or a health care provider did not recommend isolation, for more than 10 days.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_