

St. Clair County Health Department Possible COVID-19 Cases in Students

Student has any of the following symptoms (new/different/worse than baseline for any chronic illness):

- Temperature 100.4 degrees Fahrenheit or higher
- Sore throat
- New uncontrolled cough that causes difficulty breathing
- Diarrhea, vomiting, or abdominal pain
- New onset of severe headache

Exclude from school

Student has ANY close contact or potential exposure risk in the past 14 days:

- Had close contact with a person with confirmed COVID-19
- Traveled to or lives in an area with a high level of community transmission of COVID-19

No

Student may return to school 24 hours after fever resolution and improvement of symptoms

Yes

Notify the St. Clair County Health Department at (810) 987-5300 and refer to a healthcare provider for possible COVID-19 testing

Negative test for COVID-19

Not tested for COVID-19

Healthcare provider note not provided

Positive test for COVID-19

Student had close contact with confirmed case of COVID-19 in past 14 days

No

Healthcare provider note indicating another explanation for symptoms

Home isolation until:

- At least 10 days since symptoms first appeared **and**
- At least 24 hours with no fever without fever-reducing medication **and**
- Symptoms have improved

Yes

Complete 14 day quarantine period

East China School District Face Covering Exemption Form

PLEASE COMPLETE TOP SECTION BEFORE GIVING TO YOUR HEALTHCARE PROVIDER

Student/School Staff Name: _____	
Date of Birth: _____	School Name: _____

The above-named individual requires documentation that he or she is unable to wear a facial covering due to a medical condition. Schools are required to obtain this documentation as they are with any other accommodation*. We appreciate your time and assistance in this matter.

The above-named individual cannot medically tolerate a face covering due the following medical condition:

_____ Medical condition that causes trouble breathing

_____ Medical condition that makes them unable to remove the cloth face covering without assistance

_____ Has neither of the above contraindications to mask use

If unable to medically tolerate a face covering, this student/staff member **is able** to use a face shield

_____ Yes

_____ No

Healthcare provider name: _____

Signature: _____

Date: _____ Phone Number: _____

*This list of acceptable conditions along with the guidance for schools to require this documentation from a medical professional has been provided by the State of Michigan.