

**Friendswood Children's House
Declaration of Safety
Fitness-For-School for COVID-19 Exposures**

_____ (print name) was identified as needing self-isolation because of one of the following reasons (please check applicable box):

- Tested positive for COVID-19;
- Presumed positive due to symptoms consistent with COVID-19; or
- Was deemed Close Contact with a confirmed COVID-19 individual.

Please review the RTSP protocol provided by FCH, and then check which of the following apply:

_____ Return to school can occur on the 9th day (or later) **IF** a NEGATIVE PCR tests is administered. The test must be taken at least 8 days after point of contact.

_____ 14 days has passed after self-isolation.

_____ 10 days have elapsed since symptoms developed and has been symptom free without using fever-reducing medicine for at least 3 days.

**PCR refers to Polymerase Chain Reaction, a laboratory test used to detect the COVID-19 virus. FCH reserves the right to determine whether any PCR test is reliable or conducted by a qualified testing authority.*

***Antigen means a laboratory test used to detect proteins made by the COVID-19 virus. FCH reserves the right to determine whether any antigen test is reliable or conducted by a qualified testing authority.*

NOTE: An antibody test refers to a laboratory test used to detect the body's reaction to the COVID-19 virus. Antibody testing is not an allowable protocol to declare an individual fit to RTSP at FCH.

This form must be provided to Leslee Kaspar prior to the individual being allowed to return to school. Proof of testing must be provided along with this form.

By signing where indicted below, you represent and certify the truth and accuracy of this Declaration.

Signature: _____

Date: _____

Print Name: _____

Phone: _____

Director's approval of this Declaration of Safety: _____ initial