AMERICAN REPERTORY BALLET
PRINCETON BALLET SCHOOL

MEDICAL EVALUATION FOR COVID-19 CONCERN

Name _____ Date of Evaluation _____

[ ] This patient may **NOT** return to in-person PBS activities at this time due to:

[ ] **POSITIVE** COVID19 test / [ ] COVID19 like illness / [ ] **PENDING** COVID19 test / [ ] COVID19 exposure

[ ] All absences related to this illness should be excused until the symptoms improve

[ ] The child may participate in virtual learning once improved until they are cleared to return to in-person dance activities at PBS

[ ] The patient **MAY** return to in-person PBS activities based on the following assessment (must choose 1, 2, or 3 below):

1 – [ ] **ALL** of the following are true: It is at least 10 days since the onset of symptoms **AND** the patient is free of anti-fever medications for 24 hours AND symptoms are improving.

OR

2 – [ ] COVID19 test **NEGATIVE – AND** patient is fever free off anti-fever medications for 24 hours **AND** symptoms are improving.

OR

3 – [ ] COVID19 test **NOT DONE – AND** patient is fever free off anti-fever medications for 24 hours **AND** symptoms are improving **AND** patient has the following alternate diagnosis – must indicate below:

[ ] Exacerbation of chronic underlying illness (i.e. asthma, inflammatory bowel disease, rheumatological disorder, etc.) Specify: _____

[ ] Streptococcal Pharyngitis with documented test positive **AND** classic presentation including prominent findings on examination – on antibiotics x 24 hours (fever, tender anterior cervical adenopathy, tonsillar swelling or exudate, absence of cough)

[ ] Classic presentation of pediatric viral illness **WITH** prominent pathognomonic rash on examination (i.e. Coxsackievirus, Parvovirus, Roseola) Specify: _____

[ ] Other* Specify: _____

*** NOTE:** Other alternate diagnoses such as non-specific viral syndrome, upper respiratory infection, sinusitis, symptoms based on diagnoses (i.e. cough, fever, congestion, etc.) will not be accepted because they do not rule out the possibility of COVID-19. Be especially careful to consider COVID19 co-infection with otitis media or influenza.

Provider Signature _____