## School Leader to Parents: Results of In-School COVID-19 Rapid Test (BinaxNOW)

**Letter for POSITIVE antigen tests**

Date: INSERT

Dear PARENT/GUARDIAN NAME,

Today your child, INSERT STUDENT NAME, had COVID-19 symptoms during the school day and was tested for COVID-19 by the school nurse using the Abbott BinaxNOW rapid antigen test.

Your child’s symptoms were: [LIST SYMPTOMS EXHIBITED BY STUDENT HERE].

Your child’s rapid antigen test result was POSITIVE, which means they are likely POSITIVE for COVID-19.

Next Steps:

The positive antigen test result may be confirmed with a PCR test. Please contact your healthcare provider to schedule this second test within 48 hours of the antigen test or visit one of the Massachusetts [testing sites](https://www.mass.gov/info-details/about-covid-19-testing).

Until the result of the PCR test comes back, your child is required to stay home except to get medical care.

Please use the guide below to determine when your child can return to school:

* PCR test is negative:
  + Return to school once 24 hours have passed and student has improvement in symptoms and no fever, without the use of fever reducing medications.
* PCR test is positive:
  + Stay home (except to get medical care) and monitor symptoms. Notify personal close contacts, help the school with contact tracing, and answer the call from local board of health or MA Community Tracing Collaborative (see below).
  + Self-isolate for 10 days, return to school on day 11 if symptoms improve and student has been fever-free without fever-reducing medicine for 24 hours
* Didn’t take PCR test:
  + Remain home in self-isolation for 10 days from symptom onset, return on day 11 with improved symptoms and fever free for 24 hours, without the use of fever reducing medications.

Contact tracing:

* A member of the Community Tracing Collaborative or a representative from your local board of health will call you to identify close contacts. This process is called “contact tracing.”
* A close contact is anyone who has been within 6 feet of your child for at least 15 minutes in a 24 hour period.
* The information you provide will be kept confidential but is necessary to help prevent further spread of the virus.
* Contact tracing calls will appear with the area code 833 or 857 and will appear as “MA COVID Team” on caller ID. Calls are made daily from 8am to 8pm.

If you have questions, please contact [INSERT NAME]at [EMAIL/PHONE].

Thank you,

[INSERT NAME]at [INSERT SCHOOL NAME]

**Letter for NEGATIVE antigen tests**

Date: INSERT

Dear PARENT/GUARDIAN NAME,

Today your child, INSERT STUDENT NAME, had COVID-19 symptoms during the school day and was tested for COVID-19 by the school nurse using the Abbott BinaxNOW rapid antigen test.

Your child’s symptoms were: [LIST SYMPTOMS EXHIBITED BY STUDENT HERE].

Your child’s rapid antigen test result was NEGATIVE, which means they are likely NEGATIVE for COVID-19.

Next steps:

[for VACCINATED students who returned to class]

* If your child’s symptoms worsen, they should stay home.
* Your child tested negative on the rapid antigen test and did not have symptoms in bold below. They returned to class for the remainder of the day.
* It is recommended that this negative test result be confirmed with a PCR test. Please contact your healthcare provider to schedule this second test within 48 hours of the antigen test or visit one of the Massachusetts [testing sites](https://www.mass.gov/info-details/about-covid-19-testing).

[for UNVACCINATED students who returned to class]

* If your child’s symptoms worsen, they should stay home.
* Your child tested negative on the rapid antigen test and only had one of the non-bold symptoms below. They returned to class for the remainder of the day.
* It is recommended that this negative test result be confirmed with a PCR test. Please contact your healthcare provider to schedule this second test within 48 hours of the antigen test or visit one of the Massachusetts [testing sites](https://www.mass.gov/info-details/about-covid-19-testing).

[for VACCINATED students who must quarantine]

* Your child must quarantine as they tested negative on the rapid antigen test and but had one of the symptoms in bold below.
* It is recommended that this negative test result be confirmed with a PCR test. Please contact your healthcare provider to schedule this second test within 48 hours of the antigen test or visit one of the Massachusetts [testing sites](https://www.mass.gov/info-details/about-covid-19-testing).
* The quickest way to bring your child back to school is with a PCR test. They may return to school once:
  + They receive a negative PCR test or a doctor makes an alternative diagnosis
  + Symptoms improve
  + They are fever-free without fever-reducing meds for 24 hours
* Without a PCR test, your child may return to school on day 11 after 10 days in quarantine, if they are symptom-free and have been fever-free without fever-reducing meds for 24 hours.

[for UNVACCINATED students who must quarantine]

* Your child tested negative on the rapid antigen test and but had one of the symptoms in bold below, or a combination of symptoms.
* It is recommended that this negative test result be confirmed with a PCR test. Please contact your healthcare provider to schedule this second test within 48 hours of the antigen test or visit one of the Massachusetts [testing sites](https://www.mass.gov/info-details/about-covid-19-testing).
* The quickest way to bring your child back to school is with a PCR test. They may return to school once:
  + They receive a negative PCR test or a doctor makes an alternative diagnosis
  + Symptoms improve
  + They are fever-free without fever-reducing meds for 24 hours
* Without a PCR test, your child may return to school on day 11 after 10 days in quarantine, if they are symptom-free and have been fever-free without fever-reducing meds for 24 hours.

Symptoms of Covid-19

* *Vaccinated individuals with symptoms in* ***bold*** *must quarantine, even with a negative BinaxNOW test*
* *Unvaccinated individuals should quarantine if they have any one symptom in* ***bold*** *and/or any combination of symptoms not in bold*
* **Fever (100.0° Fahrenheit or higher), chills, or shaking chills**
* **Difficulty breathing or shortness of breath**
* **New loss of taste or smell**
* **Muscle aches or body aches**
* Cough (not due to other known cause, such as chronic cough)
* Sore throat *when in combination with other symptoms*
* Nausea, vomiting, or diarrhea *when in combination with other symptoms*
* Headache *when in combination with other symptoms*
* Fatigue *when in combination with other symptoms*
* Nasal congestion or runny nose (not due to other known causes, such as allergies) *when in combination with other symptoms*

If you have questions, please contact [INSERT NAME]at [EMAIL/PHONE].

Thank you,

[INSERT NAME]at [INSERT SCHOOL NAME]