

## Return Certification for COVID-19

Individuals, sick or placed in quarantine with **suspected** COVID-19 or with COVID-19 like symptoms, who did **NOT** test, did **NOT** receive an alternate diagnosis, or tested and have received a **positive** COVID-19 result, may end self-quarantine when:

- At least **10 days** have passed since symptoms first appeared
- **24hrs** fever-free without the use of fever-reducing medications
- Improvement in other symptoms (e.g., cough, shortness of breath)

Individuals, sick or placed in quarantine with **suspected** COVID-19 or with COVID-19 like symptoms, who have tested and have received a **negative** COVID-19 test result or an alternative diagnosis, may return provided they feel well and have improvement in other symptoms.

Individuals, identified as a **close contact** (defined as being within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period) of a confirmed **positive** COVID-19 tested individual, may return after the **14 day** quarantine period has been completed and have **NOT** developed symptoms during this time. **Optional Early Release:** *You may test on day 7 of quarantine: \_\_\_\_\_, or anytime thereafter* and individuals may return once all the following criteria have been met: **10 full days** of quarantine completed, documented **negative** test result provided, and have **NOT** developed any symptoms during this time.

Individuals, identified as a close contact of a **suspected case** (someone who clinically meets COVID-19 criteria) **MUST** also be placed in **14 day** quarantine, until an alternative diagnosis or a **negative COVID-19 test** result is received from the suspected case.

### Parent/Employee Certification

Date Sent Home: \_\_\_\_\_

Date May Return: \_\_\_\_\_

Student/Employee Name: \_\_\_\_\_

Test Date: \_\_\_\_\_ / \_\_\_\_\_ / 2020  Not Tested

Test Result (Circle One):  Positive  Negative  N/A

Date of Symptom onset: \_\_\_\_\_ / \_\_\_\_\_ / 2020  N/A

Date of Recovery (No Symptoms): \_\_\_\_\_ / \_\_\_\_\_ / 2020  N/A

Date of Return to School/Work: \_\_\_\_\_ / \_\_\_\_\_ / 2020

By signing this document, I agree to provide documentation of COVID-19 test results (if applicable) and verify that I have/my child has been symptom-free for the appropriate number of days and that the information reported above is correct. Therefore, I/my child can be released from isolation/quarantine and may resume school/work-related activities.

\_\_\_\_\_  
Parent/Employee Signature

\_\_\_\_\_  
Date