

Student/Staff Shortened Quarantine Request

Per the [new MDH close contact guidelines](#), students and staff members who have one close contact exposure may be considered for an earlier return date to school if they meet certain criteria. To request an early return, please fill out the form and provide any necessary supporting documentation. For ALL early returns, students/staff members must have no symptoms and have had only one close contact exposure.

***If a household member is positive for COVID-19, you do not qualify for early return and need to quarantine for the full 14 days. Students whose school is operating in-person learning model also do not qualify for a shortened quarantine, as six feet social distancing between students cannot be maintained in a fully in-person environment.**

Student/Staff Member Name (print clearly): _____

Parent/Guardian Name(s): _____

Age, Grade, School: _____

10-DAY QUARANTINE REQUEST (Return after finishing 10 full days of quarantine. Date of exposure is Day 0; return-to-school date is Day 11. Ex: The last date I was exposed was Jan. 1, so I may return on Jan. 12.)

For the student or staff member, check the following that apply (ALL must be checked to qualify):

- 1) The student/staff member has NO SYMPTOMS
- 2) The student/staff member has NOT tested positive for COVID-19 in the last 10 days
- 3) No one in the household has tested positive for COVID-19 in the last 14 days
- 4) After the 10-day quarantine, I agree to monitor my child/myself for symptoms through day 14 and keep them home if **any** symptoms associated with COVID-19 appear (fever of 100.4°F or higher; new cough or a cough that gets worse; difficulty/hard time breathing; new loss of taste or smell; sore throat; nausea; vomiting; diarrhea; chills; muscle pain; extreme fatigue/feeling very tired; new severe/very bad headache; new nasal congestion/stuffy or runny nose)

7-DAY QUARANTINE REQUEST (Return after finishing 7 full days of quarantine. Date of exposure is Day 0; return-to-school date is Day 8. Ex: The last date I was exposed was Jan. 1, so I may return on Jan. 9.)

For the student or staff member, check the following that apply (ALL must be checked to qualify):

- 1) The student/staff member was tested for COVID-19 **at least 5 full days** after the close contact exposure, and the test is negative. To qualify, test must be a PCR test - please check with your doctor. Negative results with appropriate date (5+ days after exposure) must be provided with this form.

**Please note, Day 1 starts the day after exposure. Ex: If the close contact occurred on Friday at 3 p.m., the earliest date of test could be Wednesday at 3 p.m. (Fri=Day 0, Sat=Day 1, Sun=Day 2, Mon=Day 3, Tue=Day 4, Wed=Day 5)*

- 2) The student/staff member has NO SYMPTOMS
- 3) The student/staff member has NOT tested positive for COVID-19 in the last 10 days
- 4) No one in the household has tested positive for COVID-19 in the last 14 days
- 5) After the 7-day quarantine, I agree to monitor my child/myself for symptoms through day 14 and keep them home if **any** symptoms associated with COVID-19 appear (fever of 100.4°F or higher; new cough or a cough that gets worse; difficulty/hard time breathing; new loss of taste or smell; sore throat; nausea; vomiting; diarrhea; chills; muscle pain; extreme fatigue/feeling very tired; new severe/very bad headache; new nasal congestion/stuffy or runny nose)

Documentation of a PCR COVID-19 negative test must be attached to this form if a 7-day quarantine is being requested. Signature required on back of form.

By signing this form, you agree that the check marks on the front side of this form are all correct.

Parent Signature (student request) _____ Date _____

Staff Signature (staff request) _____ Date _____

District Rep. Signature _____ Date _____

You will be notified by the Westonka Health Services department if your shortened quarantine request is approved or denied. Please note: If schools do not have appropriate staffing, an early return-to-school request may be denied.