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Shortened Quarantine Request For Close Contacts

Per the [new MDH close contact guidelines](#), students who have one close contact experience may be considered for an earlier return date to school if they meet certain criteria. To request an early return for your child please fill out the following areas and provide any necessary supporting documentation. For ALL early returns, students must have no symptoms and have had only one close contact exposure. **This form and negative test results (for 7 day quarantine) must be turned in to the school nurse before you are allowed to return early under a shortened quarantine.**

***If a household member is positive for COVID, you do not qualify for early return and need to quarantine for the full 14 days.**

Staff Name (print clearly): _____

10 DAY QUARANTINE REQUEST (return after finishing 10 full days of quarantine)

Check the following that apply to your child (ALL must be checked to qualify):

- 1) I have no symptoms
- 2) I have NOT tested positive for Covid
- 3) No one in my household has tested positive for Covid
- 3) After the 10 day quarantine, I agree to monitor myself for symptoms through day 14 and keep them home if ***any*** symptoms would appear.

7 DAY QUARANTINE REQUEST (return after finishing 7 full days of quarantine)

Check the following that apply to your child (ALL must be checked to qualify):

- 1) I have been tested for COVID-19 ***at least five full days*** after their close contact exposure, and the test is negative. To qualify, **the test must be a PCR test** - please check with your doctor. Negative results with appropriate date (5+ days after exposure) must be provided to the school with this form.
Please note, day one starts the day after exposure. Ex: close contact occurred on Friday at 3pm, earliest date of test could be Wednesday at 3 pm (Sat = day 1, Sun = day 2, Mon = day 3, Tue = day 4, Wed = day 5)
- 2) I have no symptoms
- 3) I have NOT tested positive for Covid
- 4) No one in my household has tested positive for Covid
- 5) After the 7 day quarantine, I agree to monitor myself for symptoms through day 14 and keep them home if ***any*** symptoms would appear

Documentation of a PCR Covid negative test must be attached to this form if a 7-day quarantine is being requested. By signing this, you agree that the above checkmarks are all correct.

Staff Signature _____ Date _____

District Rep. Signature _____ Date _____