

## Exclusion from and Return to School Requirements

<p style="text-align: center;"><b>COVID-19 Symptoms</b></p> <p>*<u>Two</u> of the following symptoms: fever, chills, fatigue, myalgia, headache, sore throat, congestion, nausea, vomiting, diarrhea, or new loss of taste or smell OR</p> <p>*<u>One</u> of the following symptoms: fever (100.4 or above), cough, shortness of breath or difficulty breathing</p>	<p>Individual is sent home from school. May return:</p> <ul style="list-style-type: none"> <li>• 3 days with no fever <b>AND</b></li> <li>• Symptoms improved <b>AND</b></li> <li>• 10 days since symptoms first appeared <b>OR</b></li> <li>• Or if cleared by a medical professional (note required or see below)</li> </ul> <p>If medical practitioner feels COVID-19 testing is appropriate:</p> <ul style="list-style-type: none"> <li>• If test result is negative, return to school 3 days after symptoms are no longer present</li> <li>• If test result is positive, see below</li> </ul>	
<b>Positive COVID-19 PCR Test</b>	<p><b><u>WITH SYMPTOMS</u></b></p> <p>May return to school after:</p> <ul style="list-style-type: none"> <li>• 3 days with no fever <b>and</b></li> <li>• Improvement in symptoms <b>and</b></li> <li>• 10 days since symptoms first appeared</li> </ul>	<p><b><u>WITHOUT SYMPTOMS</u></b></p> <p>May return to school after:</p> <ul style="list-style-type: none"> <li>• 10 days after PCR test was collected</li> <li>• If symptoms develop during the 10 days, follow return to school guidance for positive PCR with symptoms</li> </ul>
<p><b>Close Contact to Positive</b></p> <ul style="list-style-type: none"> <li>• Within 6ft for 15 minutes or more</li> <li>• Household contact</li> </ul>	<p><b><u>WITH SYMPTOMS</u></b></p> <p>Individual should be tested for COVID-19</p> <ul style="list-style-type: none"> <li>• If test result is negative, return to school 14 days after last exposure to the person with COVID-19 and symptoms have resolved</li> <li>• If test result is positive, follow return to school guidance for positive PCR with symptoms</li> </ul>	<p><b><u>WITHOUT SYMPTOMS</u></b></p> <p>Excluded 14 days after last date of exposure to the person with COVID-19</p> <ul style="list-style-type: none"> <li>• If symptoms develop during the 14 days, follow return to school guidance for Close Contact <u>with</u> symptoms</li> </ul>
<b>Travel to State with High COVID-19 Rates</b>	<p><b><u>WITH SYMPTOMS</u></b></p> <p>If symptoms develop during the recommended 14 day quarantine upon return from travel, follow return to school guidance for COVID-19 symptoms</p>	<p><b><u>WITHOUT SYMPTOMS</u></b></p> <p>Self-quarantine for 14 days from when they return to PA</p>

Student/Staff Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Symptoms found are highlighted above. Please follow the above guidelines. If you see a medical professional and they have cleared you to return to school/work, please have them complete below.

The above named has been examined and is clear to return to school/work on (specific date): \_\_\_\_\_

Medical Professional Printed Name and Phone: \_\_\_\_\_

Medical Profession Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(WSD Nursing Use: First Period Class Teacher: \_\_\_\_\_ Teacher Notified: \_\_\_\_\_ )