

ALTERNATIVE OPTIONS: RETURN TO SCHOOL FORM QUARANTINE DUE TO CLOSE CONTACT EXPOSURE OF COVID-19

In accordance with LDH's acceptance of CDC's alternative to a 14-day quarantine for close contacts of an individual infected with COVID-19, the following options are available. If someone has tested positive in your household within the last 14 days, contact your school nurse.

Please initial next to your selected option.

- _____ A. The quarantine can end *after* day 10 post-exposure without testing and if
 - No symptoms have been reported during daily monitoring

_ B. The quarantine can end *after* Day 7 post-exposure if

- Diagnostic specimen (molecular/PCR or antigen) tests negative (must attach a copy of negative results), and
- No symptoms have been reported during daily monitoring, and
- Specimen collected and tested within 48 hours before the time of planned quarantine discontinuation

Please read and initial below indicating you understand the following:

_____ I understand that there is a risk that an individual who is leaving quarantine early could transmit to someone else if they became infected ranges between 1% to 12%.

_____I understand that the existing 14-day quarantine protocol is the "gold standard" according to LDH guidance, guarantees the maximum reduction of post-quarantine transmission risk, and is the strategy with the greatest collective experience at present.

_____I understand that by selecting an alternative option, all individuals, including PreK -2, **MUST** wear a mask at school through the remaining 14 days and continue symptom monitoring.

Student/ Employee's Name:	
Location:	

By signing my name on this form, I verify that my child has been symptom-free for the appropriate number of days and that the information indicated above is correct.

Signature:

By signing my name on this form, I (Employee) verify that I have been symptom-free for the appropriate number of days and that the information indicated above is correct.

Signature:	Date:

Date: