

DATE _____

_____ has been sent home today with the following symptoms. Due to the community spread of COVID-19 in our area, we are following the Minnesota Department of Health’s recommendations for exclusion from school. We understand how difficult this time can be. Our top priority is to promote the health and safety of all our students and staff. Thank you for helping us protect all members of our community. Please call the school health office with any questions.

“MORE COMMON” Symptoms Consistent with COVID-19	“LESS COMMON” Symptoms Consistent with COVID-19
<ul style="list-style-type: none"> <input type="checkbox"/> Fever greater than or equal to 100.4°F <input type="checkbox"/> New onset and/or worsening cough <input type="checkbox"/> Difficulty breathing <input type="checkbox"/> New loss of taste or smell <p>⇨ If ONE or more symptoms are checked, follow Pathway #1</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Sore throat <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Chills <input type="checkbox"/> Muscle Pain <input type="checkbox"/> Excessive Fatigue <input type="checkbox"/> New onset of severe headache <input type="checkbox"/> New onset of nasal congestion or runny nose <p>⇨ If ONE symptom is checked, follow Pathway #2</p> <p>⇨ If TWO or more symptoms are checked, follow Pathway #1</p>

Pathway #1	Pathway #2
<ul style="list-style-type: none"> ● Student must stay at home in isolation for at least 10 days from time symptoms started until symptoms improve AND no fever for 24 hours (without fever reducing medications). ● Siblings and household contacts must stay home and quarantine from all activities for at least 14 days. ● Follow the appropriate Box (A, B or C) on reverse page for further details 	<ul style="list-style-type: none"> ● Student should stay home and consider evaluation from a health care provider. ● Student may return to school 24 hours after symptom improvement or as directed by a health care provider. ● Siblings and household contacts do not need to stay home or quarantine. ● Follow the appropriate Box (B or C) on reverse page for further details

MDH Exclusion Guidelines: <https://www.health.state.mn.us/diseases/coronavirus/schools/exguide.pdf>

If the student has the following symptoms, **SEEK EMERGENCY MEDICAL CARE IMMEDIATELY:**

- Trouble breathing
- Pain or pressure in the chest that does not go away
- New confusion
- Inability to wake up or stay awake
- Blue lips or face
- Severe abdominal pain

Medical Evaluation and/or COVID-19 Testing	
<p>Box A: No Medical Evaluation</p>	<p>→ Student must stay at home in isolation for at least 10 days from time symptoms started until symptoms improve AND no fever for 24 hours (without fever reducing medications).</p> <p>→ Siblings and household contacts must stay home and quarantine from all activities for at least 14 days.</p>
<p>Box B: Alternate Diagnosis Received</p> <p>(an established medical diagnosis obtained through evaluation by a health care provider and/or diagnostic test)</p>	<p>→ Student may return to school 24 hours after symptom improvement or as directed by a health care provider.</p> <p>→ Siblings and household contacts do not need to stay home once the alternate diagnosis is known.</p> <p>→ Pathway #1: Written documentation from a health care provider is REQUIRED in order for student to return to school earlier than the 10-day isolation period.</p> <p>→ Pathway #2: Written documentation from a health care provider is REQUESTED upon student's return to school following 24 hour exclusion</p> <p>→ Regardless of alternate diagnosis, if the student is also being tested for COVID-19, the student and all household contacts must stay home until results are received.</p>
<p>Box C: Tested for COVID-19</p>	<p>→ Student and all household contacts must stay home until results are received:</p> <p>NEGATIVE COVID-19 Test Received</p> <ul style="list-style-type: none"> ● Student may return to school 24 hours after symptom improvement or as directed by a health care provider. ● Siblings and household contacts do not need to stay home once the negative result is known. ● Written documentation from a health care provider is REQUIRED in order for student and siblings to return to school earlier than the 10-day isolation period. <p>POSITIVE COVID-19 Test Received</p> <ul style="list-style-type: none"> ● Student must continue to isolate at home for 10 days from time symptoms started until symptoms improve AND no fever for 24 hours (without fever reducing medications). ● Siblings and household contacts are now considered 'Close Contacts' and must continue to quarantine from all activities for at least 14 days starting with the day they were last in contact with the positive person. <p>CLOSE CONTACTS</p> <ul style="list-style-type: none"> ● Close Contacts should seek COVID-19 testing 5-7 days after their last contact with the positive person. ● If a Close Contact develops symptoms and/or tests positive for COVID-19, they must stay at home in isolation for at least 10 days from the time their symptoms started or the time they were tested until symptoms improve AND no fever for 24 hours (without fever reducing medications). ● With a second household contact becoming symptomatic, siblings and household contacts are again considered 'Close Contacts' and must continue to quarantine from all activities for at least 14 days starting with the day they were last in contact with the second positive person.