# Return to School/Work Criteria*

## For Someone with COVID-19-like Symptoms of Illness

*Must meet ALL three criteria in ONE of these columns*

<table>
<thead>
<tr>
<th>Negative COVID-19 Test</th>
<th>Doctor’s Note</th>
<th>At Least 10 Days</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> Proof of a negative COVID-19 test result,</td>
<td><strong>1</strong> A signed note from a licensed healthcare provider,</td>
<td><strong>1</strong> At least 10 days have passed since symptoms first appeared,</td>
</tr>
<tr>
<td><strong>2</strong> At least 24 hours have passed since last fever without the use of fever-reducing medication, and</td>
<td><strong>2</strong> At least 24 hours have passed since last fever without the use of fever-reducing medication, and</td>
<td><strong>2</strong> At least 24 hours have passed since last fever without the use of fever-reducing medication, and</td>
</tr>
<tr>
<td><strong>3</strong> Symptoms have improved.</td>
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<td><strong>3</strong> Symptoms have improved.</td>
</tr>
</tbody>
</table>

## For Someone with Symptoms of Illness That Are NOT COVID-19-like

*Must meet ALL criteria below*

| **1** No known risk of recent exposure to COVID-19, | **2** At least 24 hours have passed since last fever without the use of fever-reducing medication, and | **3** Symptoms have improved. |

## For Someone Who Tests Postive for COVID-19

*Must meet ALL criteria below*

| **1** At least 10 days have passed since symptoms onset, or if no symptoms, at least 10 days have passed since the date of the positive test, | **2** At least 24 hours have passed since last fever without the use of fever-reducing medication, and | **3** Symptoms have improved. |

## For Someone Who Is a Close Contact of a Confirmed COVID-19 Case

*Must meet ALL criteria below*

| **1** Must quarantine for at least 10 days after date of last exposure (and if continued exposure, 10 days after confirmed case released from isolation), and | **2** Monitor for any COVID-19-like symptoms of illness during the entire quarantine period. |

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WE NEED YOUR HELP!

HIDOE employees, contracted service providers, visitors, and students must complete a wellness check each morning before going to school. Please report any illness or COVID-19 exposure to the school.

1. CHECK FOR COVID-19-LIKE SYMPTOMS OF ILLNESS

Do you or your child have any of these symptoms? If yes, do not go to school.

- Fever (higher than 100°F or hot to the touch)
- Chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue (tiredness or weakness)
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting (stomach ache)
- Diarrhea

2. CHECK FOR RECENT COVID-19 EXPOSURE

Do any of the following apply to you or your child? If yes, do not go to school.

- Recently tested positive for COVID-19
- Waiting for COVID-19 test results
- Self-quarantining due to possible COVID-19 exposure (e.g. travel quarantine)
- Living with someone with COVID-19
- Been in close contact with someone with COVID-19

HELP US TO KEEP OUR SCHOOLS HEALTHY AND SAFE!