



## Returning to Work after Quarantine

Staff may return to school if the answer to ANY of the following questions is YES:

Staff member please initial the correct statement.

### Non-Household Contact

\_\_\_\_\_ The individual quarantined for a minimum of 14 days due to exposure to a non-household confirmed case of COVID-19 and remained symptom free and without fever for 24 hours (without taking medicine)

\_\_\_\_\_ The individual quarantined for 10 days without testing and;

- has not had symptoms, and without fever for 24 hours (without taking medicine)
- Can return day 11

\_\_\_\_\_ The individual quarantined for 7 days

- has evidence of negative PCR test collected at least 5 days after exposure
- has had no symptoms and without fever for 24 hours (without taking medicine)

\_\_\_\_\_ Negative PCR test confirmed and form signed by  
Coordinated School Health  
[schoolhealth@millingtonschools.org](mailto:schoolhealth@millingtonschools.org)

- Can return Day 8

### Household Contact

\_\_\_\_\_ The individual quarantined for a minimum of 24 days due to exposure to a household confirmed case of COVID-19 and remained symptom free and without fever for 24 hours (without taking medicine)

\_\_\_\_\_ The individual quarantined for 20 days without testing;

- and has remained symptom free and without fever for 24 hours (without taking medicine)
- Can return day 21

\_\_\_\_\_ The individual quarantined for 17 days;

- remained symptom free and without fever for 24 hours (without medicine)
- has evidence of a negative PCR test that was collected at least 5 days after exposure.

\_\_\_\_\_ Negative PCR test confirmed and form signed by  
Coordinated School Health  
[schoolhealth@millingtonschools.org](mailto:schoolhealth@millingtonschools.org)

- Can return day 18

Name of Student or Staff: \_\_\_\_\_

Date Quarantine Started: \_\_\_\_\_

Date Back to Work: \_\_\_\_\_

\_\_\_\_\_  
Signature of Staff Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Coordinated School Health ( if applicable)  
[rhennings@millingtonschools.org](mailto:rhennings@millingtonschools.org)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Administrator Accepting Form

\_\_\_\_\_  
Date

Administration forward to Human Resources after complete  
[rjohnson@millingtonschools.org](mailto:rjohnson@millingtonschools.org)