

Name: _____ Date: _____ Time: _____

School: _____ Teacher: _____ Grade: _____

Your child/student presented to the health office with symptoms that would require him/her to stay home and to refer to your medical provider regarding potential testing for COVID-19. Please ensure your student meets the criteria before he/she returns to school.

OUSD Return to School Guidelines

Situation	Returning to School
<p>1. Any of the COVID-19 symptoms, regardless of the vaccination status of the individual or previous infection.</p> <ul style="list-style-type: none">• (Including “just a cold”). <p>Symptoms are listed below on page 3 or accessible through above hyperlink.</p>	<ul style="list-style-type: none">• Must remain out of school or work for 10 days and 24 hours have passed since resolution of fever without the use of fever reducing medication and other symptoms have improved unless:• They test negative and have improving symptoms, (A home test is acceptable, but it must be observed by school staff)• OR have an alternative diagnosis from a doctor,• OR have a doctor provide documentation of a chronic condition. <p>Per CDPH masking guidance, it is strongly recommended to wear a well-fitting mask around others for a total of 10 days after positive test or symptom onset, especially when indoors.</p>

<p>2. When a student has a confirmed positive case of COVID-19 (regardless of vaccination status)</p> <p>*if Asymptomatic, day 0 = date first positive</p> <p>* If Symptomatic, day 0 = date first symptom</p>	<ul style="list-style-type: none"> ○ Return to school on Day 11 if they are fever-free for 24 hours with no fever-reducing medication and symptoms have improved <u>OR</u> ○ Return to school as early as Day 6 with a negative test (on or after day 5; antigen test preferred) and are fever-free for 24 hours with no fever-reducing medication and symptoms have improved. (A home test is acceptable, but must be observed by school staff) <p>ALL SCENARIOS ABOVE:</p> <p>Per CDPH masking guidance, it is <u>strongly recommended</u> that persons wear a well-fitting mask around others for a total of 10 days after positive test or symptom onset, especially in indoor settings</p>
<p>3. When a Student, regardless of vaccination status or previous COVID - 19 infection has close contact with a person with a confirmed case of COVID 19 in school, the community or a household.</p> <p>Day 0=last date of known close contact</p>	<p>Groups of students with close contact*, regardless of COVID-19 vaccination status or prior infection, test within 3-5 days after last exposure.</p> <ul style="list-style-type: none"> ○ In the event of wide-scale and/or repeated exposure, (e.g., grade-wide or campus-wide) weekly testing may be considered. ○ Any FDA-approved antigen, PCR, or pooled PCR test is acceptable. For individuals who have been recently infected (within the past 90 days), antigen testing is strongly recommended. ○ Students who receive a positive test result should isolate. <p>If the exposed student tests positive for COVID-19, follow the guidance for isolation in Section #2 above.</p>

Effective April 6 per CDPH guidance, ***close contact** is when someone shares the **same indoor airspace**, e.g. home, clinic waiting room, airplane etc., for a cumulative total of **15 minutes or more over a 24-hour period** (for example, three individual 5-minute exposures for a total of 15 minutes) during an infected person's (laboratory-confirmed or a clinical diagnosis) infectious period.

Students and employees are considered **fully vaccinated** for COVID-19: two weeks or more after they have received the second dose in a 2-dose series (Pfizer-BioNTech or Moderna), two weeks or more after they have received a single-dose vaccine (Johnson and Johnson [J&J]/Janssen), or two weeks after receipt of another vaccine authorized by the World Health Organization (WHO).

For students ages 18 and over only, CDPH has confirmed that fully vaccinated includes a booster vaccine.

Symptoms of Coronavirus

This list does not include all possible COVID-19 symptoms. CDC and CDPH will continue to update this list.

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Return to school date: _____ 10 days from symptom onset unless other criteria as listed in #1 is met

