

# DELHI CHARTER SCHOOL

6940 Hwy 17 Delhi, LA 71232

## Return-to-School Self-Certification for COVID-19\*

Students/Teachers/Faculty (persons) with COVID-19 symptoms and/or a positive test who were directed to care for themselves at home may end self-isolation when at least **24 hours** have passed *since recovery*, meaning:

- Fever free without the use of fever-reducing medications, **and**
- Improvement in symptoms (e.g., cough, shortness of breath), **and**
- At least 10 days\* have passed *since symptoms first appeared*.

Persons with laboratory-confirmed COVID-19 who have not had any symptoms may discontinue self-isolation when at least 10 days have passed since the date of their first positive COVID-19 diagnostic test and have had no subsequent illness.

Persons suspected of having COVID-19 who have been tested and receive a negative test may discontinue isolation precautions provided they feel well.

If the person is sick with non-COVID-19 symptoms, or if the person has tested negative for COVID-19\*\*, the person must still be *symptom free for 24 hours before returning to school*. If the person is teleschooling from home, the person does not have to wait the 24 hours before resuming school duties.

If a person is a close contact (defined as within 6 feet for 15 minutes) of a confirmed positive, that person may return to school after the 14-day quarantine period has passed, as long as no symptoms develop.

## Person Self-Certification

Student/Employee: \_\_\_\_\_

Test Date, if applicable. : \_\_\_\_\_/\_\_\_\_\_/ 2020

Test Result (circle one):                      Positive      Negative      Not tested

Date of Symptom Onset: \_\_\_\_\_/\_\_\_\_\_/ 2020

Date of Recovery (as defined above): \_\_\_\_\_/\_\_\_\_\_/ 2020

**By signing this document, I verify that I/my child have/has been symptom-free for the appropriate number of days and that the information reported above is correct. Therefore, I can be released from isolation and may resume school-related activities.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Please return this completed form when returning to work or school after quarantine or self-isolation.