

Shortened Quarantine Request-Minnetonka Public Schools

A shortened quarantine period may be considered if ALL the following are true:

- ♣ The person has NOT had symptoms of COVID-19 during the quarantine period.
- ♣ The person does NOT live with someone who has COVID-19.
- * The person does NOT live or work in a high-risk setting, including a long-term care or assisted living facility, correctional facility, shelter, or other congregate living facility.
- ♣ The person had a defined exposure, meaning a known exposure with a beginning and an end.

If a household member is positive for COVID, you do not qualify for an early return and need to quarantine for the full 14 days.

To request an early return, please fill out the following:
Student's Name (print clearly):
Parent/Guardian Name(s):
School/Grade:
7 DAY QUARANTINE REQUEST (return on day 8 after finishing 7 full days of quarantine)
Date of exposure:
Date of return to school (must complete 7 full days of quarantine):
Check the following that apply to your child (ALL must be checked to qualify):
 My child has been tested for COVID-19 <u>at least five full days</u> after quarantining and the test results are negative. (To qualify, the test must be a PCR/molecular test- please check before testing to ensure it meets this requirement). Negative results with an appropriate date (5+ days after exposure) must be provided to the school with this form. *Please note: day one of your quarantine starts the day after the exposure to the COVID positive case. My child has no symptoms. No one in my child's household has tested positive for COVID-19 or has symptoms of COVID-19. After the 7-day quarantine, I agree to monitor my child for symptoms through day 14 and keep them home if <u>any</u> symptoms appear
Documentation of a <u>negative molecular/PCR COVID-19</u> test must be attached to this form if a reduced quarantine is being requested.
By signing this, you agree that the above is accurate and correct.
Parent Signature/Date: