



Lodi Unified School District

Date: _____

Student Name: _____

Dear Parent(s)/Guardian(s):

In accordance with Lodi USD’s COVID protocols and San Joaquin County Public Health Services (“SJCPHS”)/California Department Public Health (“CDPH”) guidance, your child is being sent home today due to **one of the following circumstances** –

Symptoms present today that indicate further evaluation for COVID (marked with an “x”):

- | | | |
|--------------------------------------|-------------------|--|
| _____ Temperature (100.4° or higher) | _____ Cough | _____ Runny Nose/Congestion |
| _____ Unexplained Fatigue | _____ Sore Throat | _____ Unexplained Shortness of Breath |
| _____ New Loss of Taste/Smell | _____ Chills | _____ Unexplained Headache, Muscle Ache, Body Ache |
| _____ Unexplained Diarrhea | | _____ Unexplained Nausea or Vomiting |

Exposure* to a laboratory-confirmed case of COVID-19

Positive COVID-19 test result

Your student may return to school on:

Date**

_____ 10-day quarantine from onset of symptoms, date of positive test, or date of last exposure. ***

_____ 7-day quarantine with a negative test result (test must occur on day 5 after exposure or later)***

_____ 10-day modified quarantine (see Lodi USD Quarantine protocols)***

Site Principal’s (or Designee) Signature: _____

School Site: _____

School Telephone Number: _____

If you feel that your child is experiencing a medical emergency, or observe any of the following symptoms seek medical guidance immediately.

* Exposure is defined as being within 0 -6 feet of a laboratory-confirmed COVID19 case for greater than 15 minutes in the aggregate over a 24-hr period.

** Principal is responsible for aligning return date with Lodi USD Quarantine Protocols***

***Must be symptom-free in order to return on date indicated above.