



Shortened Quarantine Request-Minnetonka Public Schools

Household member

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 COVID positive family member has effectively isolated away from the family during the duration of the quarantine period of the others in the household.

To request an early return, please fill out the following:

Student's Name (print clearly): _____

Parent/Guardian Name(s): _____

School/Grade: _____

10 DAY QUARANTINE REQUEST (earliest return is on day 11 after finishing 10 full days of quarantine)

Last date of exposure to household/family member: _____

Date of return to school (must complete 10 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 **on or after ten full days** of 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 (10+ days after exposure) must be provided to the school with this form.
Please note: day one of your quarantine starts **the day after the last exposure to the COVID positive case.*
- My child has no symptoms.
- The person in our household that tested positive for COVID-19 has completed their 10-day isolation.
- After the 10-day quarantine, I agree to monitor my child for symptoms through day 14 and keep them home if **any** symptoms appear.

It is also suggested that your child wear a face covering while out of the house through day 14.

Documentation of a negative molecular/PCR COVID-19 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: _____