

RETURN TO SCHOOL/WORK FLOWCHART FOLLOWING A COVID-19 RELATED ABSENCE

Vaccinated
individual had close contact with someone who tested positive for COVID-19

Unvaccinated
individual had close contact with someone who tested positive for COVID-19

Individual **tested positive** for COVID-19 **AND had symptoms**

Individual **tested positive** for COVID-19 **BUT had NO Symptoms**

Individual **exhibits one or more symptoms of COVID-19**

Individual **exhibits one or more symptoms of COVID-19**, but is **NOT suspected of having COVID-19**

Close Contact

Individuals who are fully vaccinated with no COVID-19 like symptoms do not need to quarantine or be restricted from work, classroom, or extracurricular activities.

CDC recommends that fully vaccinated individuals test five to seven days after a close contact exposure to someone with suspected or confirmed COVID-19 infection. Continue to monitor the full 14 days, and wear a mask.

Close Contact with Masks

Individuals who were more than 6 feet from an infected person do not require quarantine as long as both the case and the contact were consistently masked.

Close contact without Mask

(within 6 ft for 15+ minutes)

Quarantine for 10 days from last contact with COVID-19 positive person.

Symptom-Based Strategy

Please fill out the COVID-19 self-reporting form.

May return after:

(1) At least 10 days have passed since symptom onset; and

(2) At least 24 hours since resolution of fever (without the use of fever reducing medication) and improvement of respiratory symptoms

Close Contact

Please fill out the COVID-19 self-reporting form.

May return after at least 10 days have passed with no symptoms since date of first positive COVID-19 test. Continue to monitor for 14 days, and wear a mask.

NOTE

Isolation/quarantine dates to be set by contact tracer in accordance with CDC and public health guidelines.

Some Examples:

Fever or chills, cough, shortness of breath, muscle/body aches, headache, sore throat, nausea, loss of taste/smell, diarrhea.

Stay home and contact healthcare provider (if employee).

Fill out the COVID-19 self-reporting form.

Students call **Student Health and Counseling** a **262-595-2366**.

Some Examples:

Seasonal allergies, ear infection, seasonal flu, strep throat, migraine, etc.

Stay home and contact healthcare provider (employees).

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