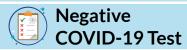
# Return to School/Work Criteria\*

#### For Someone with COVID-19-like Symptoms of Illness

Must meet ALL three criteria in ONE of these columns



- 1 Proof of a negative COVID-19 test result.
- 2 At least 24 hours have passed since last fever without the use of fever-reducing medication, and
- **3** Symptoms have improved.



#### **Doctor's Note**

- 1 A signed note from a licensed healthcare provider,
- 2 At least 24 hours have passed since last fever without the use of fever-reducing medication, and
- **3** Symptoms have improved.

# 10

#### At Least 10 Days

- **1** At least 10 days have passed since symptoms first appeared,
- 2 At least 24 hours have passed since last fever without the use of fever-reducing medication, and
- **3** Symptoms have improved.

#### For Someone with Symptoms of Illness That Are NOT COVID-19-like

Must meet ALL criteria below



No known risk of recent exposure to COVID-19,



At least 24 hours have passed since last fever without the use of fever-reducing medication, and



Symptoms have improved.

#### For Someone Who Tests Postive for COVID-19

Must meet ALL criteria below



At least 10 days have passed since symptoms first appeared,



At least 24 hours have passed since last fever without the use of fever-reducing medication, and



Symptoms have improved.

#### For Someone Who Is a Close Contact of a Confirmed COVID-19 Case

Must meet ALL criteria below



Must quarantine for at least 10 days after date of last exposure (and if continued exposure, 10 days after confirmed case released from isolation), and



Monitor for any COVID-19-like symptoms of illness during the entire quarantine period.

<sup>\*</sup>Based on the Hawaii State Department of Health's <a href="COVID-19">COVID-19 Interim Return to Work/School Guidance</a>.

# **Daily Wellness Check at Home**

#### **WE NEED YOUR HELP!**

HIDOE employees, contracted service providers, visitors, and students must complete a wellness check each morning before going to school. Please report any illness or COVID-19 exposure to the school.



#### **CHECK FOR COVID-19-LIKE SYMPTOMS OF ILLNESS**

Do you or your child have any of these symptoms? If yes, do not go to school.

- ☐ Fever (higher than 100°F or hot to the touch)
- □ Chills
- Cough
- □ Shortness of breath or difficulty breathing
- □ Fatigue (tiredness or weakness)
- Muscle or body aches

- □ Headache
- New loss of taste or smell
- □ Sore throat
- □ Congestion or runny nose
- □ Nausea or vomiting (stomach ache)
- Diarrhea



### **CHECK FOR RECENT COVID-19 EXPOSURE**

Do any of the following apply to you or your child? If yes, do not go to school.

- Recently tested positive for COVID-19
- □ Waiting for COVID-19 test results
- □ Self-quarantining due to possible COVID-19 exposure (e.g. travel quarantine)
- □ Living with someone with COVID-19
- □ Been in close contact with someone with COVID-19

## HELP US TO KEEP OUR SCHOOLS **HEALTHY AND SAFE!**