



WEST SHORE SCHOOL DISTRICT

**Close Contact Student Return to School
Verification Form**

To be completed by Parent/Guardian of a non-symptomatic student previously identified as a close contact to a positive individual. Must be returned to school nurse prior to student's return to school.

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|---------------------|----------------------|-------|
| Student's Last Name | Student's First Name | Grade |
|---------------------|----------------------|-------|

Option A (recommended 14 days):

I, _____ (parent/guardian), attest to the following:

- At least fourteen (14) days have passed since student's last day of close contact;

Option B (10 days):

I, _____ (parent/guardian), attest to the following:

- At least ten (10) days have passed since student's last day of close contact;
- The person with whom student had close contact with was NOT positive with the B.1.1.7 Variant.
- Student did not receive a positive COVID-19 test during quarantine;
- Student had/currently has **no COVID-19 symptoms** during daily monitoring;

Symptoms: fever, chills or rigor, cough, sore throat, shortness of breath, difficulty breathing, feeling unusually weak or fatigued, new olfactory disorder (a loss in the ability to smell or a change in the way odors are perceived), new taste disorder, myalgia (muscle pain), headache, runny nose or congestion, diarrhea, nausea or vomiting, and fatigue.

Option C (following a negative COVID-19 test):

I, _____ (parent/guardian), attest to the following:

- At least seven (7) days have passed since student's last day of close contact;
- Student received a negative COVID-19 test after Day 5 of quarantine. The test was administered on _____ (date of test);
- Student had/currently has **no COVID-19 symptoms** during daily monitoring;

Parent/Guardian Signature: _____ Date: _____