



## COVID-19 Return to School/Site Certification Form for Students and Employees

Our priority remains the health and safety of our students and employees. We have created a plan with the most recent and relevant information available during this dynamic situation. The COVID-19 guidelines set forth below were developed in partnership with Ochsner Health Systems and in accordance with current Louisiana State Board of Education (BESE) guidelines, Louisiana Department of Education (LDOE), Louisiana Department of Public Health (LDH), and Centers for Disease Control (CDC) recommendations.

### **Students and Employees who have had close contact with confirmed case:**

If someone is identified as a close contact to a confirmed case, they must be placed under quarantine for 14 days beginning on the last day of exposure to that individual. Even if they test negative, they must remain in quarantine. Students and employees must submit the Return to School/Site Certification form.

\*Close contact is defined as being within 6 feet of an infected person for at least 15 minutes or direct contact (touching, hugging, kissing, sharing food, drink or utensils), which includes the 48 hours before the day the person became sick (or if asymptomatic, the 48 hours before specimen collection) until the person was isolated.

### **End of Isolation for Students and Employees who have tested positive for COVID-19:**

Isolation must be maintained for at least 10 days after illness onset. Illness onset is defined as the date symptoms begin. Recovery is defined as resolution of fever for 24 hours without the use of fever-reducing medications with progressive improvement or resolution of other symptoms.

So, a person may return to work 10 days after symptom onset (or 10 days after test date if asymptomatic and remained asymptomatic) as long as he/she has had no fever for the past 24 hours and improving symptoms. Students and employees must submit Return to School/Site Certification form.

A negative test is no longer required to end isolation. However, testing to determine end of isolation is appropriate to persons with weakened immune systems.

Clearance will come from the Human Resources Department. Parents and employees should email the COVID-19 Return to School/Site Certification form to [safetycoordinator@stpsb.org](mailto:safetycoordinator@stpsb.org) and your principal/supervisor.

We will provide updates to this process as we receive further guidance from Ochsner and LDH.

**Employees and Students who have had close contact with a confirmed case:**

If someone is identified as a close contact to a confirmed case, he/she must be placed under quarantine for 14 days. I had close contact with a confirmed case of COVID-19 on \_\_\_\_\_; since that date I have not had any symptoms of COVID-19. Fourteen days have elapsed since my exposure.

By signing this document, I verify that I have been symptom-free for the appropriate number of day (14 days) and that the information reported above is correct. Therefore, I can be released from isolation/quarantine and may resume work or school related activities.

<b>EMPLOYEE SIGNATURE:</b>	<b>STUDENT SIGNATURE:</b>	<b>PARENT SIGNATURE for MINOR:</b>
<b>PRINT NAME:</b>	<b>PRINT NAME:</b>	<b>PRINT NAME:</b>
<b>DATE:</b>	<b>DATE:</b>	<b>DATE:</b>
<b>LOCATION:</b>	<b>LOCATION:</b>	<b>LOCATION:</b>
<b>EIN:</b>		

**End of Isolation for Employees and Students who have tested positive for COVID-19 or have exhibited COVID-19 symptoms:**

At least ten days have passed since symptom onset (or 10 days after test date if asymptomatic and remained asymptomatic) and I have remained and I have remained fever free (defined as less than 100.4°F) without fever reducing medications for 24 hours with improving symptoms. For purposes of this document, recovery is considered to be fever free (defined as less than 100.4°F) without fever reducing medications for 24 hours with improving symptoms.

Test Result:                                      Positive     Negative     Not Test

Date of Symptom Onset or Positive Test: \_\_\_\_\_ Date of Recovery: \_\_\_\_\_

By signing this document, I verify that I have been fever free (defined as less than 100.4°F) without fever reducing medications for 24 hours with improving symptoms. Therefore, I can be released from isolation and my resume work or school related activities.

<b>EMPLOYEE SIGNATURE:</b>	<b>STUDENT SIGNATURE:</b>	<b>PARENT SIGNATURE for MINOR:</b>
<b>PRINT NAME:</b>	<b>PRINT NAME:</b>	<b>PRINT NAME:</b>
<b>DATE:</b>	<b>DATE:</b>	<b>DATE:</b>