



Red Wing Public Schools

Independent School District #256

SHORTENED QUARANTINE REQUEST (FOR CLOSE CONTACTS)

Per the [MDH close contact guidelines](#), students who have one close contact experience may be considered for an earlier return date to school if they meet certain criteria. To request an early return, please fill out the following areas and provide any necessary supporting documentation. For **ALL** early returns, students must have no symptoms and have had only one close contact exposure. **If a household member is positive for COVID-19, you do not qualify for early return and need to quarantine for the full 14 days.**

Student Name _____

School/Grade _____

10 DAY QUARANTINE REQUEST

Check all of the following to qualify for a shortened quarantine (**ALL** must be checked to qualify):

- 1) I agree to stay home from school and activities for the next 10 days
- 2) If symptoms develop, I will report them to school and get tested immediately
- 3) I will get a PCR COVID test on day 8 or later of my quarantine and provide the school with proof of the negative results. (No antigen or antibody tests will be accepted - please check with provider of the test)
- 4) After the 10 day quarantine, I agree to monitor for symptoms through day 14 and stay home if ANY symptoms appear, even one less common symptom. See **Student Health Screening Checklist** for a list of symptoms.

PCR Test Results Date: _____ Results: _____

If this form is not returned, nor is a test result provided to the school, the student will be required to complete a full 14 day quarantine.

***** By signing, you attest that the above information is correct. *****

Parent Signature/Date _____ District Rep Signature/Date _____