

## Return to School Verification for Students with Confirmed COVID-19

This letter serves as documentation that your child, \_\_\_\_\_, has completed their isolation period after testing positive for COVID-19 and may return to school according to the New Mexico Department of Health (NMDOH) discontinuation of isolation criteria outlined below and found at <https://cv.nmhealth.org/public-health-screening-and-testing/return-to-work/>.

### For students with confirmed COVID-19 **who had symptoms** and were not hospitalized and/or not considered immunosuppressed\*

My child's symptoms began on \_\_\_\_\_ (date). This is considered day zero and does not count towards the 10-day isolation period.

My child completed isolation at home and **has met all three** of the following requirements:

- At least 10 consecutive days have passed since my child's symptoms first appeared (not counting the first day of symptoms);  
**AND**  
 At least 1 day (24 hours) has passed with no fever (without the use of fever-reducing medications);  
**AND**  
 My child has improvement in symptoms

\*Anyone that was hospitalized due to COVID-19 or considered to be immunosuppressed should be released by their primary care provider before returning to school or work.

### For students with confirmed COVID-19 **who did not** have any symptoms

The date of my child's COVID-19 test was \_\_\_\_\_ (date). This day is considered day zero and does not count toward the 10-day isolation period.

My child completed isolation at home starting on \_\_\_\_\_ (date) and my child has met the following requirement:

- At least 10 consecutive days have passed since the date of my child's COVID-19 test (day of specimen collection; not the day that the test results were returned). Day of test is considered day zero and does not count towards the 10-day isolation.

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**School Nurse/Administrator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Your child must continue to follow all COVID-19 safety protocols including wearing a mask, washing hands frequently, and practicing social distancing. Additional information may be found at <https://cv.nmhealth.org/wp-content/uploads/2020/10/EPI-COVID19-Containment-Policies.10.16.20.pdf>.

We are thankful that your child may return to school. Welcome back!



Due to the strict requirements for discontinuation of isolation or quarantine, no alterations may be made other than to insert a school or district logo.

## Return to School Verification for Students Exposed to COVID-19

This letter serves as documentation that your child, \_\_\_\_\_, has completed their quarantine period after being exposed to someone that has tested positive for COVID-19. They may return to school according to the New Mexico Department of Health (NMDOH) discontinuation of quarantine criteria outlined below and found at <https://cv.nmhealth.org/public-health-screening-and-testing/return-to-work/>.

### For students who were exposed to COVID-19 (Close Contact) by a non-household member

The last date of my child's exposure to someone outside of the home that tested positive to COVID-19 was \_\_\_\_\_ (date). This date is considered day zero and does not count towards the 14-day quarantine.

My child **has met** the following requirements:

- It has been at least 14 consecutive days since my child had close contact with someone outside of our household that tested positive for COVID-19 (the last day of contact is considered day zero);  
**AND**
- No one else in our family has tested positive for COVID-19 since the date of exposure;  
**AND**
- My child has not developed symptoms since the date of exposure;  
**AND Highly Recommended**
- My child was tested for COVID-19 on \_\_\_\_\_ (date) and received their negative results on \_\_\_\_\_ (date) (not required for students but *highly recommended*)

### For students who live with a household member that tested positive for COVID-19

Date household member became symptomatic \_\_\_\_\_ (Considered day zero).

**OR**

Date asymptomatic household member was tested for COVID-19 \_\_\_\_\_ (Day of test/specimen collection and considered day zero).

My child **has met** the following requirements:

- It has been at least 24 consecutive days since someone in our household tested positive for COVID-19;  
**AND**
- My child completed at least 24 consecutive days of home quarantine since my household member's symptom onset or the day they were tested for COVID-19;  
**AND**
- No one else in our household has tested positive for COVID-19 during this 24-day period;  
**AND**
- My child did not develop symptoms during this 24-day period;  
**AND HIGHLY RECOMMENDED**
- My child was tested for COVID-19 on \_\_\_\_\_ (date) and received their negative results on \_\_\_\_\_ (date) (not required for students but *highly recommended*)

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Nurse/Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your child must continue to follow all COVID-19 safety protocols including wearing a mask, washing hands frequently, and practicing social distancing. Additional information may be found at <https://cv.nmhealth.org/wp-content/uploads/2020/10/EPI-COVID19-Containment-Policies.10.16.20.pdf>.



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