

Name: \_\_\_\_\_

Date of Last Close Contact\* to positive case: \_\_\_\_\_

\*The Centers for Disease Control and Prevention (CDC) defines a close contact as anyone within 6 feet of a positive COVID-19 person for 15 minutes or longer.

What to do while on quarantine:

- **Stay home.** Remain quarantined for 14 days from date of last exposure to the positive COVID-19 case.
- **Monitor for symptoms.** Watch for fever, cough, shortness of breath, or other symptoms of COVID-19.
- **Separate self from others** in the household as much as possible. If possible, I will use a separate bathroom and bedroom, in case I become symptomatic.

When is it safe for me to be around others and return to work/school/activities?

- **If you are able to quarantine away** from the positive COVID-19 case, return to all activities if you remain asymptomatic after 14 days from your last exposure.
- **If you remain in close contact** with the positive COVID-19 case, you should start your 14 day quarantine after the positive case has been deemed safe to be around others.

\*\*I will return to work/school/activities 14 days after date of last exposure to the positive case per guidance above. The quarantine period may be adjusted per CDC's guidance dated 12/2/2020 and in accordance of your school or employer's policy.

Date expected to return to work/school/activities\*\*: \_\_\_\_\_

*BY SIGNING BELOW, I CERTIFY AND BELIEVE THAT I/MY DEPENDENT AM/IS A CLOSE CONTACT TO SOMEONE WHO HAS TESTED POSITIVE FOR COVID-19 AND I AGREE TO ABIDE BY THE ABOVE RECOMMENDATIONS WHILE IN QUARANTINE. I ALSO UNDERSTAND IF I SIGN THIS FORM KNOWING THAT I/MY DEPENDENT AM/IS NOT A CLOSE CONTACT, I MAY BE SUBJECT TO PUNITIVE MEASURES.*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE