

Return to School Verification for Staff with Confirmed COVID-19

This letter serves as documentation that, _____, has completed their isolation period after testing positive for COVID-19 and may return to work 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 staff with confirmed COVID-19 who had symptoms and were not hospitalized and/or not considered immunosuppressed*

My symptoms began on _____ (date). This is considered day zero and does not count towards the 10-day isolation period.

I completed isolation at home and **have met all three** of the following requirements:

- At least 10 consecutive days have passed since my 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
 I have 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 staff with confirmed COVID-19 who did not have any symptoms

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

I completed isolation at home starting on _____ (date) and I have met the following requirement:

- At least 10 consecutive days have passed since the date of my 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:** _____

You 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 you may return to work. 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 Staff Exposed to COVID-19

This letter serves as documentation that, _____, has completed their quarantine period after being exposed to someone that tested positive for COVID-19. They may return to work 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 staff who were exposed to COVID-19 (Close Contact) by a non-household member

The last date of my 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.

I have met **the following four** requirements:

- It has been at least 14 consecutive days since I 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
- I have not developed symptoms since the date of exposure;
AND
- I was tested for COVID-19 on _____ (date) and received negative results on _____ (date)

For staff 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).

I have met **the following five** requirements:

- It has been at least 24 consecutive days since someone in our household tested positive for COVID-19;
AND
- I completed at least 24 consecutive days of home quarantine since my household members 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
- I have not developed symptoms during this 24-day period;
AND
- I was tested for COVID-19 on _____ (date) and received negative results on _____ (date)

Print Name: _____ Signature: _____ Date: _____

School Nurse/Administrator Signature: _____ Date: _____

You 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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