



STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. BOX 3378
HONOLULU, HI 96801-3378

Return of Students/Staff to School/Work after having TESTED POSITIVE for COVID-19
(Release from Isolation)

Patient Name: _____ Patient Birth Date: ___/___/___
Date: ___/___/___ Date of positive COVID-19 test: ___/___/___
In relation to the COVID-19 diagnosis, did the patient ever exhibit symptoms? []Yes []No

For patients who had symptoms of COVID-19:

Symptomatic

The following return to work/school criteria apply (must meet ALL requirements)
[] It has been AT LEAST 10 days since the patient's symptoms first appeared*
Date first symptoms appeared ___/___/___ (Day 0) ;
-AND-
[] It has been AT LEAST 24 hours since the patient last had a fever without the use of fever-reducing medications
-AND-
[] The patient's symptoms have improved (e.g., cough, shortness of breath).

*For example, if the patient's COVID-19 symptoms appeared on 11/01 (Day 0), then Day 10 is 11/11, and 11/12 is the Release from Isolation date.

For patients who did not have COVID-19 symptoms (asymptomatic):

Asymptomatic

The following return to work/school criteria applies (must meet ALL requirements)
[] It has been at least 10 days since the positive test was collected*
Date of specimen collection: ___/___/___ (Day 0);
-AND-
[] The patient has had no symptoms

*For example, if the patient's date of positive COVID-19 test was 11/01 (Day 0), then Day 10 is 11/11, and 11/12 is the Release from Isolation date.

The patient may return to work or school on this date: ___/___/___

Clinician name: _____ Title: []MD/DO []PA []NP
Clinician signature: _____
Clinician phone number: (____)____-____ Fax number: (____)____-____