



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

**Return of Students/Staff to School/Work after CLOSE CONTACT with a person known to have COVID-19
 (Release from Quarantine)**

Patient Name: _____ Patient Birth Date: ____/____/____
 Date: ____/____/____

The following return to school/work criteria apply (must meet at least one requirement)

If the patient is a household contact (living in the same house with ongoing contact with the person with COVID-19,) it has been 10 days (14 if living or working in a residential congregate setting) AFTER the person with COVID-19 was released from Isolation and the patient has not developed any symptoms.

Date person with COVID-19 was released from Isolation ____/____/____ (Day 0)

Patient lives or works in a residential congregate setting: Yes No

-OR-

If the patient is a non-household contact (not living with a person with COVID-19,) it has been 10 days (14 days if living or working in a residential congregate setting) since they were last in contact with the person that had COVID-19 and the patient has not developed any symptoms.

Date of the patient's last contact with the person that has COVID-19 ____/____/____ (Day 0)

Patient lives or works in a residential congregate setting: Yes No

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

10 days after the date specified above* (14 days if patient lives or works in a residential congregate setting)

**For example, if the patient's date of last contact with a known COVID-19 case was 11/01 (Day 0), in a non-congregate setting, then Day 10 is 11/11, and 11/12 is Release from Quarantine date. In a congregate setting, if date of last contact with a known COVID-19 case was 11/01 (Day 0), then Day 14 is 11/15, and 11/16 is the Release from Quarantine date.*

Close contacts of a confirmed case should be tested to rule out infection with COVID-19 (if positive, use Release from Isolation letter template). A negative result **does not** shorten the duration of quarantine.

The patient must still have completed the above quarantine time before returning to work or school.

Note: a negative test result is NOT a requirement to be released from Quarantine and return to work/school.

Close contacts of a confirmed case should monitor for symptoms for a total of 14 days past their last contact with the confirmed case.

Clinician name: _____ Title: MD/DO PA NP

Clinician signature: _____

Clinician phone number: (____)____-____ Fax number: (____)____-____