

# Return to School/Work Criteria\*

## For Someone with COVID-19-like Symptoms of Illness

Must meet ALL three criteria in ONE of these columns



### Negative COVID-19 Test

- 1 Proof of a negative COVID-19 test result,
- 2 At least 24 hours have passed since last fever without the use of fever-reducing medication, and
- 3 Symptoms have improved.



### Doctor's Note

- 1 A signed note from a licensed healthcare provider,
- 2 At least 24 hours have passed since last fever without the use of fever-reducing medication, and
- 3 Symptoms have improved.



### At Least 10 Days

- 1 At least 10 days have passed since symptoms first appeared,
- 2 At least 24 hours have passed since last fever without the use of fever-reducing medication, and
- 3 Symptoms have improved.

## For Someone with Symptoms of Illness That Are NOT COVID-19-like

Must meet ALL criteria below



- 1 No known risk of recent exposure to COVID-19,



- 2 At least 24 hours have passed since last fever without the use of fever-reducing medication, and



- 3 Symptoms have improved.

## For Someone Who Tests Positive for COVID-19

Must meet ALL criteria below



- 1 At least 10 days have passed since symptoms first appeared,



- 2 At least 24 hours have passed since last fever without the use of fever-reducing medication, and



- 3 Symptoms have improved.

## For Someone Who Is a Close Contact of a Confirmed COVID-19 Case

Must meet ALL criteria below



- 1 Must quarantine for at least 10 days after date of last exposure (and if continued exposure, 10 days after confirmed case released from isolation), and



- 2 Monitor for any COVID-19-like symptoms of illness during the entire quarantine period.

\*Based on the Hawaii State Department of Health's [COVID-19 Interim Return to Work/School Guidance](#).

# Daily Wellness Check at Home

## WE NEED YOUR HELP!

HIDOE employees, contracted service providers, visitors, and students must complete a wellness check each morning before going to school. Please report any illness or COVID-19 exposure to the school.



1

### CHECK FOR COVID-19-LIKE SYMPTOMS OF ILLNESS

Do you or your child have any of these symptoms?

If yes, **do not go to school.**

- Fever (higher than 100°F or hot to the touch)
- Chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue (tiredness or weakness)
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting (stomach ache)
- Diarrhea



2

### CHECK FOR RECENT COVID-19 EXPOSURE

Do any of the following apply to you or your child?

If yes, **do not go to school.**

- Recently tested positive for COVID-19
- Waiting for COVID-19 test results
- Self-quarantining due to possible COVID-19 exposure (e.g. travel quarantine)
- Living with someone with COVID-19
- Been in close contact with someone with COVID-19

**HELP US TO KEEP OUR SCHOOLS  
HEALTHY AND SAFE!**