



Shortened Quarantine Request-Minnetonka Public Schools

Non-Household member

A shortened quarantine period may be considered if ALL the following are true:

- ♣ The person has NOT had symptoms of COVID-19 during the quarantine period.
- ♣ The person had a defined exposure, meaning a known exposure with a beginning and an end.

If a household member is COVID +, you do not qualify for this reduction and need to quarantine for a minimum of 10 days, standard of 14 days.

To request an early return, please fill out the following:

Student's Name (print clearly): _____

Parent/Guardian Name(s): _____

School/Grade: _____

5 DAY QUARANTINE REQUEST (earliest return is on day 6 after finishing 5 full days of quarantine)

Date of exposure: _____

Date of return to school (must complete 5 full days of quarantine): _____

Check the following that apply to your child (**ALL must be checked to qualify**):

- ☐ My child has been tested for COVID-19 **on or after five full days** of quarantining and the test results are negative. (To qualify, the **test must be a PCR/molecular test**- please check before testing to ensure it meets this requirement). Negative results with an appropriate date (5+ days after exposure) must be provided to the school with this form.

Please note: day one of your quarantine starts **the day after the exposure to the COVID positive case.*

- ☐ My child has no symptoms.
- ☐ No one in my child's household has tested positive for COVID-19 or has symptoms of COVID-19.
- ☐ After the 5-day quarantine, I agree to monitor my child for symptoms through day 14 and keep them home if **any** symptoms appear.

It is also suggested that your child wear a face covering while out of the house through day 14.

Documentation of a negative molecular/PCR COVID-19 test must be attached to this form if a reduced quarantine is being requested.

By signing this, you agree that the above is accurate and correct.

Parent Signature/Date: _____