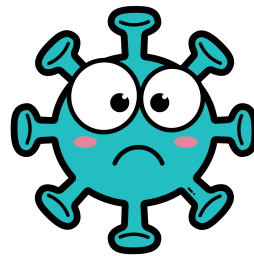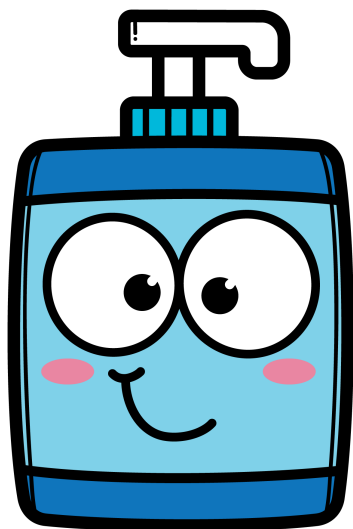# Family and Student Charts

Can I go to school?

Do you feel sick or have COVID-19 symptoms*?
*fever (100.0), chills, or shaking, cough, difficulty breathing, loss of taste or smell, sore throat, headache, aches, nausea, vomiting, diarrhea, fatigue, nasal congestion, runny nose)

YES   NO

DO NOT GO TO SCHOOL

- **Contact your doctor for guidance**
- **Consider COVID testing**
- ***If you have no note or negative test result, you can not return until:***
  - **You have self-isolated for a full 10 days**
  - **Your symptoms have improved**
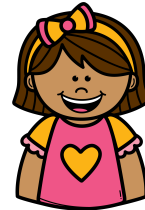 - **You have been fever free for 24 hours with NO fever reducing medication**

GO TO SCHOOL

I got a Covid-19 Test

Was your test POSITIVE? (You <u>HAVE</u> COVID-19)

YES

NO

Are you having sick symptoms?

YES

NO

Go To School

REMAIN HOME

- **Call School Nurse**
- **Call Lowell Health Department: (978) 674-4308**
- **Inform close contacts**
  - **Contact with a person 15 minutes or more in less than 6 feet of distancing**

BEFORE RETURNING:

- SELF ISOLATE for the FULL 10 days
- Be fever free for 24 hours with <u>no fever reducing medication</u>
- Improvement of symptoms
- Clearance from the Lowell Health Department to return

*Stay home until you have <u>*NO SYMPTOMS*</u> for 24 hours.

* If symptoms persist call your doctor.

I have/had Covid-19

Has it been at least 10 days since a positive test?

YES

NO

Have you had sick symptoms in the last 24 hours?

YES

NO

REMAIN HOME

BEFORE RETURNING:

- **SELF ISOLATE** for the <u>FULL 10 days</u>
- Be fever free for 24 hours with <u>no fever reducing medication</u>
- Improvement of symptoms
- Clearance from the Lowell Health Department to return
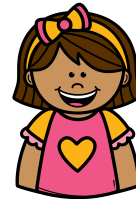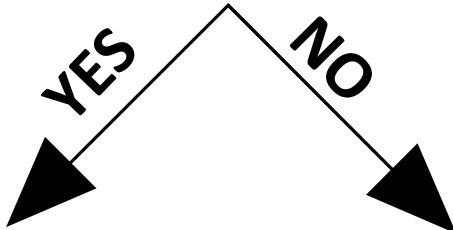
BEFORE RETURNING:

- **SELF ISOLATE** for the <u>FULL 10 days</u>
- Be fever free for 24 hours with <u>no fever reducing medication</u>
- Improvement of symptoms
- Clearance from the Lowell Health Department to return

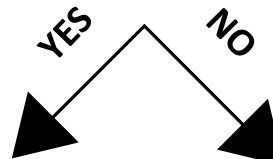Return to school ***once cleared by the Lowell Health Department***.

A Close Contact Was COVID-19 Positive

- **MAKE YOUR DOCTOR AWARE**
- **GET TESTED 4 to 5 days _after_ exposure**
- **_MUST quarantine for 14 days_**

Was your test POSITIVE (you have COVID-19)

YES →

NO →

Are you having sick symptoms?

YES →

NO →

REMAIN HOME

- **Call School Nurse**
- **Call Lowell Health Department: (978) 674-4308**
- **Inform close contacts**
  - **Contact with a person 15 minutes or more in less than 6 feet of distancing**

BEFORE RETURNING:

- SELF ISOLATE for the FULL 10 days
- Be fever free for 24 hours with <u>no fever reducing medication</u>
- Improvement of symptoms
- Clearance from the Lowell Health Department to return

- **MUST quarantine for 14 days**
- **If symptoms persist, call you doctor**
- **Get clearance from the Lowell Health Department to return to school**

MUST quarantine for 14 days