

Dear \_\_\_\_\_,

Date \_\_\_\_\_

**You have tested positive for COVID 19, to help keep you and those around you safe and prevent the spread of this virus, here are some things you should do:**

- You should be in home quarantine and not leave the house except for emergencies and medical care.
- You should not go to the grocery store, gas station, or return to work.
- Try to isolate yourself from all other people in your house, stay in a separate room if possible. Avoid eating with or preparing food for others.
- If you have to be in contact with others, wash your hands with soap and water before any contact and wear a mask to prevent the spread of contagious droplets when you cough, sneeze, or talk.
- If you need to go to a medical appointment, you should call ahead to let them know that you are COVID positive. You will need to wear a mask when you go to your medical appointments.

**To be cleared from quarantine, there are 2 options:**

-You can have a repeat COVID test after being without fever at least 7 days after your initial test was positive.

Or

-If you have 2 negative test at least 24 hours apart.

**If you cannot get repeat testing, CDC guidelines for leaving quarantine states you must meet ALL of the following criteria:**

You must have been without fever for 3 days without any use of fever reducing medicine (like acetaminophen/Tylenol or ibuprofen/Advil/Motrin), AND you must not have symptoms such as cough, shortness of breath, muscle and joint aches, AND it must be at least 7 days after your positive test.

If you meet these criteria, CDC still reports a slight chance you could still spread COVID, it is recommended waiting at least 7 days after symptoms have resolved before leaving quarantine, going to the grocery store, or returning to work unless it is absolutely necessary.

More information is available <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>.

You have been cleared by your physician, PA, or nurse practitioner to return to school or work on:

Date \_\_\_\_\_.



Sincerely,

MD/DO/PA/NP Signature \_\_\_\_\_

Dear \_\_\_\_\_,      Date \_\_\_\_\_

**You have tested negative for COVID 19. Based on the negative test, it is unlikely that you have COVID 19, but there is a measurable risk of a false negative test (a negative test even though you have COVID 19).**

If your risk of exposure to COVID 19 is high (for instance, a known exposure to a COVID positive patient or recent travel to an area with widespread COVID 19 community spread), then you should continue to self-quarantine, do not go to work, or grocery store and monitor your symptoms at home.

If your symptoms get worse, your fever lasts more than 7 days, or you develop shortness of breath, you should contact your health care provider to consider repeat testing. Even if you have a true negative COVID test, you may have a different viral respiratory infection (like influenza, parainfluenza, meta-pneumovirus, respiratory syncytial virus) and should self-isolate. Do not go to work and avoid others to decrease the risk of spreading the viral infection. This is especially important during the COVID outbreak to reduce the need for others to seek medical care for symptoms which are not due to COVID. You should try to isolate yourself from other people in the house, in a separate room if possible. You should not eat with or prepare food for them. If you have to be in contact with others, you should wash your hands with soap and water before any contact and wear a mask to prevent the spread of contagious droplets when you cough, sneeze, or talk.

**To be cleared from self-isolation:**

You must be free of fever for 3 days without any use of fever reducing medicine (like acetaminophen/Tylenol or ibuprofen/Advil/Motrin), AND you must have significantly improved symptoms of cough, shortness of breath, muscle and joint aches, AND it must be at least 7 days after the onset of symptoms. Once you meet ALL of these criteria, you may return to work.

More information is available <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>.

You have been cleared by your physician, PA, or nurse practitioner to return to school or work on:

Date \_\_\_\_\_.

Sincerely,



MD/DO/PA/NP Signature \_\_\_\_\_