

Dear Parent/Guardian,

The Cleveland Metropolitan School District considers the health and well-being of our students, teachers, and staff to be of the utmost importance.

On _____ your student was sent home with these symptoms of COVID-19:

- Fever (100.4 or greater) or chills
- Headache
- Sore throat
- Cough
- New loss of taste or smell
- Fatigue
- Shortness of breath or difficulty breathing
- Congestion or runny nose
- Muscle or body aches
- Nausea or vomiting

Due to your child's development of symptoms of COVID-19 they must stay home on self-isolation and not return to school until they have met either of the following of the requirements outlined by the Cleveland Department of Public Health

1. Complete testing for COVID-19. Please contact your child's healthcare provider to have your child tested.

- If the test is **NEGATIVE**: Your child can return to school once there is no fever without the use of fever-reducing medicines and they have felt well for 24 hours.
- If the COVID-19 test is **POSITIVE**: You must answer **YES to ALL THREE (3)** of the following questions before your child can return to school.
 - Has it been at least 24 hours since the child had a fever (without using fever reducing medicine)?
 - Has it been at least 10 days since the child first had symptoms?
 - Has it been at least 24 hours since the child's symptoms have improved, including cough and shortness of breath?

2. If you do not wish your child to be tested for COVID-19:

- You must answer **YES to ALL THREE (3)** of the following questions before your child can return to school.
 - Has it been at least 24 hours since the child had a fever (without using fever reducing medicine)?
 - Has it been at least 10 days since the child first had symptoms?
 - Has it been at least 24 hours since the child's symptoms have improved, including cough and shortness of breath?

Unless your child tests negative for COVID-19, he/she cannot return to in person instruction until

_____.