## Western Middle School COVID Close Contact/Symptom Flowchart Are you a close contact to a positive covid case? Yes No Do you have 1 or Do you have 1 or more symptom(s)? more symptom(s)? (Fever 100 or higher, sore (Fever 100 or higher, sore throat, cough, severe headache, throat, cough, severe headache, vomiting, diarrhea, abdominal vomiting, diarrhea, abdominal pain, loss of taste or smell) pain, loss of taste or smell) No No Yes Yes Have you received Have you received You may attend You may a negative COVID return 10 days a negative COVID school daily test? test? after your last exposure to positive Yes Yes No No person You may return Was your You may return Have you to school after 10 days after test taken received a note you are fever on day 5, 6, your last from a medical free, symptoms exposure to the or 7 of have improved, doctor with an positive person quarantine? and the office alternate receives your diagnosis? test result. No Yes No Yes You may return to You may return 7 You may return school after you days after your You may return 10 10 days after are fever free, last exposure to days after your last symptoms have the positive improved, and the symptoms began exposure to the person and the office receives positive person office receives your doctor's note your test result.