



# COVID-19 GUIDANCE – WHEN TO Return to Campus Checklist

## Scenario #1

**YOU TESTED POSITIVE FOR COVID-19**

**Do you have SYMPTOMS?**

**YES**

**NO**

**ISOLATE - DON'T GO TO  
CAMPUS FOR 10 DAYS**  
from the date of your test

**QUARANTINE - DON'T GO  
TO CAMPUS FOR 14 DAYS**  
from the date of your test

**NO**

**Has it been at least  
10 days since your  
symptoms began?**

**After 14 days  
are you symptom free  
of COVID-19?**

**NO**

**YES**

**YES**

**Have you been fever  
free for at least  
24 hours without  
using fever-reducing  
medications?  
AND  
Have all your  
other symptoms  
gone away?**

**You may return  
to campus.**

**NO**

**YES**

**You may return  
to campus.**

### COVID-19 SYMPTOMS

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

**Isolation** is what you do if you have COVID-19 symptoms, or have tested positive. Isolation means you stay home and away from others (including household members) for the recommended period of time to avoid spreading illness.

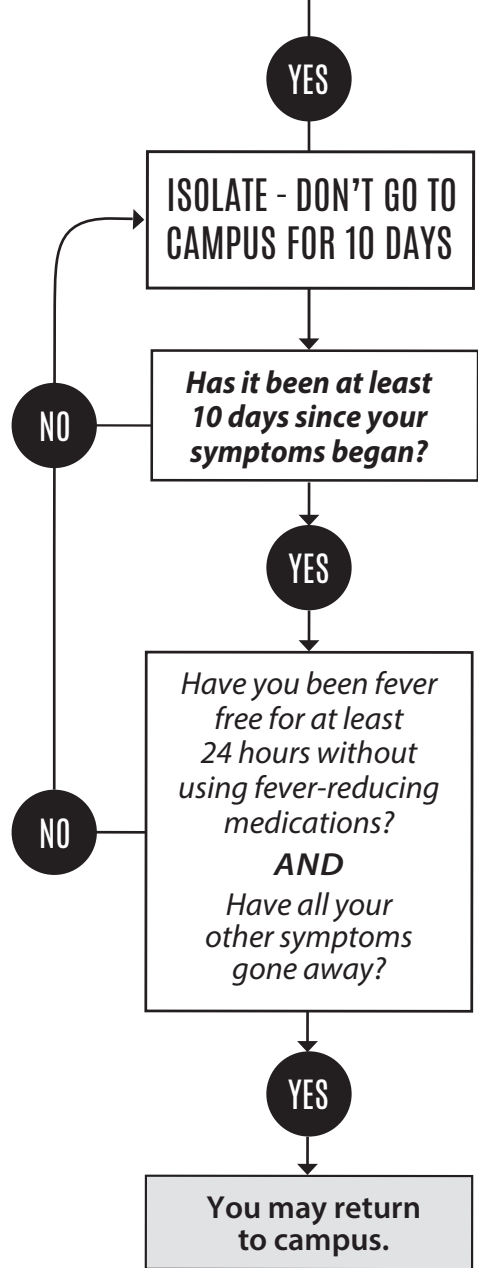
**Quarantine** is what you do if you have been exposed to COVID-19. Quarantine means you stay home and away from others for the recommended period of time in case you are infected and are contagious. Quarantine becomes isolation if you later test positive for COVID-19 or develop symptoms.



# COVID-19 GUIDANCE – WHEN TO Return to Campus Checklist

## Scenario #2

**YOU HAVE COVID-19 SYMPTOMS**



### COVID-19 SYMPTOMS

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

**Isolation** is what you do if you have COVID-19 symptoms, or have tested positive. Isolation means you stay home and away from others (including household members) for the recommended period of time to avoid spreading illness.

**Quarantine** is what you do if you have been exposed to COVID-19. Quarantine means you stay home and away from others for the recommended period of time in case you are infected and are contagious. Quarantine becomes isolation if you later test positive for COVID-19 or develop symptoms.



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## Scenario #3

You have been instructed to QUARANTINE because you had close contact with someone who has COVID-19

Did you ever have symptoms after the exposure?

YES

NO

ISOLATE - DON'T GO TO CAMPUS FOR 10 DAYS

QUARANTINE - DON'T GO TO CAMPUS FOR 14 DAYS

Has it been at least 10 days since your symptoms began?

Has it been at least 14 days since you had close contact with the person who has COVID-19?  
AND  
are you symptom free of COVID-19?

NO

YES

NO

Have you been fever free for at least 24 hours without using fever-reducing medications?  
AND  
Have all your other symptoms gone away?

YES

NO

You may return to campus.

You may return to campus.

### COVID-19 SYMPTOMS

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**Quarantine** is what you do if you have been exposed to COVID-19. Quarantine means you stay home and away from others for the recommended period of time in case you are infected and are contagious. Quarantine becomes isolation if you later test positive for COVID-19 or develop symptoms.

**NOTE:** You do not need to quarantine if you are fully vaccinated, two weeks have passed since your final dose and you have no symptoms.



# COVID-19 GUIDANCE – WHEN TO Return to Campus Checklist

## Scenario #4

**YOU HAVE HAD CLOSE CONTACT WITH SOMEONE WHO HAS COVID-19**

**Did you ever have symptoms after the exposure?**

**YES**

**NO**

**ISOLATE - DON'T GO TO  
CAMPUS FOR 10 DAYS**

**QUARANTINE - DON'T GO  
TO CAMPUS FOR 14 DAYS**

**Has it been at least  
10 days since your  
symptoms began?**

**Has it been at least  
14 days since you had  
close contact with the  
person who has  
COVID-19?  
AND  
are you symptom free  
of COVID-19?**

**NO**

**NO**

**YES**

**Have you been fever  
free for at least  
24 hours without  
using fever-reducing  
medications?  
AND  
Have all your  
other symptoms  
gone away?**

**YES**

**YES**

**You may return  
to campus.**

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**COVID-19 SYMPTOMS**

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- Cough
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## Scenario #5

**YOU LIVE WITH SOMEONE WHO TESTED POSITIVE FOR COVID-19**

**Have you ISOLATED from them (stayed in different rooms the whole time) while the household member had COVID-19?**

**YES**

**Have you had any COVID-19 symptoms?**

**YES**

**NO**

**Has it been at least 10 days since your symptoms began?**

**YES**

**Have you been fever free for at least 24 hours without using fever-reducing medications?  
AND  
Have all your other symptoms gone away?**

**YES**

**You may return to campus.**

**Has it been at least 14 days since you were last in the same room as the person who tested positive?**

**YES**

**NO**

**NO**

**Have you QUARANTINED for at least 24 days?**

**YES**

**NO**

**Have you had any COVID-19 symptoms?**

**YES**

**NO**

**Has it been at least 10 days since your symptoms began?**

**YES**

**You may return to campus.**

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