



Member Return to Center after COVID – 19 Quarantine Form

Center Director: Complete first section and send to Member to complete this form by responding to the statements in the chart below. Return the scanned form to Ginny Schwartz, gschwartz@powerwellness.com

Indicate reason that a Member was directed to self-isolate beginning on _____ DATE _____.

- Revealed a positive test or diagnosis of COVID-19;
- Informed of close contact* with an individual diagnosed or testing positive with COVID-19;
- Was directed to self-isolate or quarantine by a health care provider or a public health official;
- Denied entry at Center screening

Member Name _____ Contact phone _____

I certify that the following information is true and accurate:

Statement	Yes	No	N/A	Comments
It has been at least 24 hours since I have been free of a fever without the use of fever-reducing or other symptom-altering medicines (e.g., allergy medicines or cough suppressants).				Date of last fever: _____ Current temperature reading: _____
It has been at least 10 days since the onset of my symptoms.				Date symptoms first appeared: _____
My symptoms have significantly improved and/or are completely gone.				Date symptoms significantly improved: _____
I tested positive for COVID-19. It has been at least 10 days since that test.				Date of test: _____ Date of results: _____
It has been a least 14 days since I have been in close contact* with a person who tested positive for COVID – 19.				Date of last exposure: _____



* "Close contact" means living in the same household as a person who has tested positive for COVID-19, caring for a person who has tested positive for COVID-19, being within six (6) feet of a person who has tested positive for COVID-19 for 15 minutes or more within the last 48 hours, or coming in direct contact with secretions (e.g., sharing utensils, being coughed or sneezed on) from person who has tested positive for COVID-19, while that person was symptomatic.

Remember 6-15-48: within 6 feet, for 15 minutes or more, in the last 48 hours.

I certify that the above statements and dates are true:

Member Signature: _____

Today's Date: _____

Date Member Returned to Center: _____