

## QUARANTINE RELEASE FORM

Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Program of Study: \_\_\_\_\_

Current Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### CDC Guidelines

- Stay home for 14 days after your last contact with a person who has COVID-19
- Watch for fever (100.4°F), cough, shortness of breath, or other symptoms of COVID-19 as outlined by the CDC: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>
- If possible, stay away others, especially people who are at higher risk for getting very sick from COVID-19

I, \_\_\_\_\_, confirm that I have followed the above CDC quarantine guidelines recommended of someone who has been in close contact with a confirmed COVID-19 positive person. It has been 14 days since I was a close contact with that person. I confirm that I do not have a fever and that I am symptom-free.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Affairs Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Prior to coming to campus, please complete and return this form to [healthservices@uarts.edu](mailto:healthservices@uarts.edu) as a scanned PDF or fax the form directly to Health Services at 215.717.6237.