

How long do you have to stay home? (Fill in the blanks)							
Date I first felt sick:	Date 10 days later:	My fever was gone on:	Date 24 hours after last fever:	My other symptoms got better on: (If not improved after 10 days, call your physician)	Circle the latest date. Stay home until:		
EXAMPLE November 10	November 20	EXAMPLE November 15	November 16	EXAMPLE November 21	EXAMPLE November 21		



Miller County Health Center

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(()VII)-19



Contacts should monitor for the following symptoms:

Fever of 100.4 or higher, loss of taste or smell, cough, alergy like symptoms, body aches, headaches, fatigue, diarrhea, shortness/ difficulty breathing. Since they have a history of exposure test is recommended for any new or worsening symptoms outside of what they normally experience.



Miller County Health Center

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"What happens after I get tested?"

Page 3

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How long do your contacts ha	ve to stay	home? (Fill in the blar	ıks)
Last day I was Date 14 days later: Date 10 d around John Doe Quarantine until the end of this day unless contact qualifies for early release. All Contacts must wear mask until	days later: th no test who symptoms is of day this day. mask until the day 14.	Date 7 days later: If person has no symptoms and tests negative after day 5 is released end of day this day. Must wear mask until the end of day 14.	Date 5 days later:
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November 10 November 24 Nover	mber 20	November 17	November 15
Last day I was Date 14 days later: Date 10 d around	days later:	Date 7 days later:	Date 5 days later:
Last day I was Date 14 days later: Date 10 c around	days later:	Date 7 days later:	Date 5 days later:
Last day I was Date 14 days later: Date 10 c around	days later:	Date 7 days later:	Date 5 days later: