

Petition for Covid-19-related Medical Leave of Absence (effective 9/01/2020)

COVID-19 LEAVE: Students who are not feeling well and think that they are coming down with symptoms described in the California Public Health guidelines for COVID-19 signs/symptoms, are advised to refrain from any school-related activity (online instruction and/or externships/clinical rotations) immediately. Students are strongly ENCOURAGED to EMAIL DASLOA@dusd.net , TO PETITION A LEAVE OF ABSENCE. **Although not necessary immediately, a physician’s note MUST BE furnished at some time during the span of the Leave of Absence.** Effective 3/16/2020.

PROTOCOL FOR QUARANTINE/ISOLATION & RETURN TO SCHOOL DUE TO COVID-19 EXPOSURE:

ISOLATION and **QUARANTINE** are important because you are infectious (you can spread COVID-19 to others) from 2 days before your symptoms first appeared until your home isolation ends. If you tested positive for COVID-19 but never had any symptoms, you are considered infectious from 2 days before your test was taken until 10 days after your test. **Added and Effective 9/01/2020**

Students who are placed on an Approved Leave of Absence due to COVID-19, must adhere to the following conditions prior to returning to on-campus instruction:

<p>If you are experiencing mild symptoms, you must stay home until:</p>	<ul style="list-style-type: none"> • At least 10 days* have passed since your symptoms first started and • You have had no fever for at least 24 hours (without the use of fever reducing medicine) and • Your symptoms have improved (for example, cough or shortness of breath)
<p>If you are experiencing severe symptoms, you must stay home until:</p>	<ul style="list-style-type: none"> • At least 10 days* have passed since your symptoms first started or • People who are severely ill with COVID-19 might need to stay home longer than 10 days and up

	<p>to 20 days after symptoms first appeared.</p> <ul style="list-style-type: none"> Your healthcare provider will let you know if you can resume being around other people based on the results of your testing.
<p>If you tested positive for COVID-19, but never had any symptoms:</p>	<ul style="list-style-type: none"> You must stay home at least 10 days after the test was taken, but If you develop symptoms, you need to follow the isolation instructions. You have had no fever for at least 24 hours (without the use of fever reducing medicine) and Your symptoms have improved (for example, cough or shortness of breath)
<p>If you have had close contact to someone who has COVID-19:</p>	<ul style="list-style-type: none"> You must stay home for 14 days after your last close contact with the person who had COVID-19 symptoms, even if you tested negative for COVID-19 (since symptoms may appear 2-14 days after exposure to virus). If you develop symptoms, you need to follow the isolation instructions. You have had no fever for at least 24 hours (without the use of fever reducing medicine) and Your symptoms have improved (for example, cough or shortness of breath)
<p>If you had symptoms, you must stay home until:</p>	<ul style="list-style-type: none"> At least 10 days* have passed since your symptoms first started and You have had no fever for at least 24 hours (without the use of fever reducing medicine) and

	<ul style="list-style-type: none"> Your symptoms have improved (for example, cough or shortness of breath)
If you tested positive for COVID-19, but never had any symptoms:	<ul style="list-style-type: none"> You must stay home at least 10 days after the test was taken, but If you develop symptoms, you need to follow the isolation instructions
If you have had close contact to someone who has COVID-19:	<ul style="list-style-type: none"> You must stay home for 14 days after your last close contact with the person who had COVID-19/symptoms even if you tested negative for COVID-19 (since symptoms may appear 2-14 days after exposure to virus). Obtain a COVID-19 test.

Referenced 01/21/21:

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html>

Administrative Dismissal (Dropped):

Students who fail to provide a negative Covid-19 test upon their expected return date, will result in being dropped from their program. For Title IV students: standard Return to Title IV protocols will be enforced.

Please read for information regarding which family members are qualified under FMLA law:

Approved medical leaves will be considered for circumstances covered under the Family and Medical Leave Act of 1993 (FMLA) **AND** must be accompanied by a statement from a medical professional, signed and recently dated. This documentation is required to verify the timeframe for the leave. <https://www.dol.gov/agencies/whd/fmla>

Student Responsibility

- Must read and understand the DAS's Leave of Absence Policy
- Determine if the reason for the request falls appropriately within this policy.
- To seek clarification regarding this policy.
- Submit a completed Petition Form with appropriate documentation for your request. **Incomplete petitions will not be considered.**

Last Name	First Name	SID Number	
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Street Address		Apt #	Telephone Number
City	State	Zip	Email
Program	AM – PM?	Teacher Name	Program Director Initial

Beginning Date of Leave: _____ **Anticipated Return Date:** _____

REASON FOR REQUEST – check the one that applies to you:

		REQUIRED
	If you have had close contact to someone who has COVID-19:	Stay home for 14 days
	If you tested positive for COVID-19, but never had any symptoms:	Stay home for at least 10 days after testing positive
	If you had symptoms, you must stay home until:	Stay home for at least 10 days and symptoms have cleared
	Caring for a loved one exposed to Covid-19 and who is covered under the FMLA as a qualified family member	Stay home for 14 days

I have read and understand the instruction and policies regarding a Leave of Absence.

Student Signature: _____ Date: _____