



COVID-19 Return to School/Site Certification Form
Students and Employees
POSITIVE TEST RESULTS

THIS FORM MUST BE PROVIDED TO THE PRINCIPAL OR SUPERVISOR
ADMINISTRATION WILL FORWARD A COPY OF THIS FORM TO THE SAFETY COORDINATOR

End of isolation for students/employees who tested positive for COVID-19

At least 10 days have passed since symptoms first began (or 10 days after test date if asymptomatic) and I have remained fever free (defined as less than 100.4°) without fever-reducing medications for 24 hours with improving symptoms.

STUDENT NAME _____ STUDENT ID # _____

SCHOOL _____ GRADE _____

DATE OF POSITIVE COVID-19 TEST _____

RETURN TO SCHOOL DATE _____

PARENT/GUARDIAN SIGNATURE _____

By signing this document, I verify to the above statement.

EMPLOYEE NAME _____ EIN _____

SCHOOL _____ POSITION _____

DATE OF POSITIVE COVID-19 TEST _____

RETURN TO WORK DATE _____

SIGNATURE _____

By signing this document, I certify to the above statement.