



# COVID-19 Certification to Return to Work

This letter is to certify that I, \_\_\_\_\_, have been  
(check one)

\_\_\_\_\_ Diagnosed with COVID-19 OR

\_\_\_\_\_ Exposed (including assumed to be exposed) to COVID-19

I understand that as a faculty/staff member of the Quitman School District, I must not return to work until **all** areas of criteria have been met according to my selection above. Please initial next to each statement certifying that the criteria has been met.

## Diagnosed with COVID-19 by Positive Test Result

\_\_\_\_\_ I have been fever free for 72 hours (3 days) without the aid of fever reducing medication such as Tylenol or Ibuprofen. \_\_\_\_\_ Date of last fever  $\geq 100^\circ$

\_\_\_\_\_ My symptoms have improved (cough, shortness of breath, etc.).  
\_\_\_\_\_ Date symptoms began improving

\_\_\_\_\_ At least 14 calendar days have passed since the first onset of symptoms.

\_\_\_\_\_ I am not under a written order by a healthcare provider to remain quarantined or isolated.

\_\_\_\_\_ I will submit this certification letter to my immediate supervisor **before** returning to work.

## Exposure

\_\_\_\_\_ 14 Days have passed since the **last** contact with someone who was tested positive with COVID-19

\_\_\_\_\_ I am not showing any symptoms

\_\_\_\_\_ I am not under a written order by a healthcare provider to remain quarantined

\_\_\_\_\_  
Faculty/Staff Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date to Return to Work

\_\_\_\_\_  
Supervisor Signature and Date

\_\_\_\_\_  
Business Manager Signature and Date