

# Quitman School District

## COVID-19 Certification to Return to Work/School

\_\_\_\_\_ Staff member  
\_\_\_\_\_ Student

This letter is to certify that, \_\_\_\_\_, has been diagnosed with COVID-19.

I understand that I may not return to Quitman School District until **all** areas of criteria have been met according to my selection below. 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 24 hours without the aid of fever-reducing medication such as Tylenol or Ibuprofen.

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

\_\_\_\_\_ At least 5 (per doctor's order) calendar days have passed since the diagnosis.

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

\_\_\_\_\_ I will submit this certification letter to my building principal/director **upon** returning to work/school.

\_\_\_\_\_ I have attached my doctor's excuse for the days missed.

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

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

\_\_\_\_\_  
Date to Return to Work/School

\_\_\_\_\_  
Principal/Director Signature and Date

\_\_\_\_\_  
School Nurse Signature and Date