



**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.

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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.