

**RETURN TO CAMPUS CERTIFICATE FOR CONFIRMED OR SUSPECTED COVID-19 OR
QUARANTINED INDIVIDUAL**

Please truthfully and accurately complete this form in order to confirm whether or not you may return to the College. Your health and safety and the health and safety of everyone in our College community is our number one priority. Therefore, it is of paramount importance that you truthfully answer these questions. You will be permitted to return to campus only upon satisfactorily completing this form and providing any requested supporting documentation.

Name (Print): _____

J-Number: _____

Please check the one statement that applies to your absence and follow the instructions for that statement.

_____ I have tested positive for COVID-19 and have experienced COVID-19 symptoms, such as fever, cough or shortness of breath **OR** I have experienced COVID-19 symptoms but have not had a COVID-19 test. *If you selected this entry, proceed to Section A below.*

_____ I have tested positive for COVID-19 but have NOT experienced COVID-19 symptoms such as fever, cough or shortness of breath. *If you selected this entry, proceed to Section B below.*

_____ I have NOT tested positive for COVID-19, but was told to self-quarantine due to my exposure to someone who tested positive for COVID-19. *If you selected this entry, proceed to Section C below.*

SECTION A. *(I have tested positive for COVID-19 and have experienced COVID-19 symptoms, OR I have experienced COVID-19 symptoms but have not had a COVID-19 test).*

Please check all statements that accurately reflect your current health condition:

_____ For at least 3 days (72 hours), without using any fever-reducing or other medications, I have not had a fever and my other COVID-19 symptoms have improved; **and**

_____ At least 10 days have passed since my COVID-19 symptoms first appeared.

*Go to **Certification** at end of the form.*

SECTION B. *(I have tested positive for COVID-19 but have NOT experienced COVID-19 symptoms such as fever, cough or shortness of breath.)*

Please check all statements that accurately reflect your current health condition:

_____ At least 10 days have passed since my first positive COVID-19 diagnostic test; **and**

_____ I have NOT experienced any COVID-19 related symptoms since I first tested positive for COVID-19. (If this statement does not apply to you, you must complete Section A above).

*Go to **Certification** at end of the form.*

SECTION C. *(I have NOT tested positive for COVID-19, but was told to self-quarantine due to my exposure to someone who tested positive for COVID-19).*

_____ If I was exposed to an individual who is **NOT** a household contact, I have self-quarantined for **14 days after my exposure** to an individual who tested positive for COVID-19 or was suspected to be COVID-19 positive and during this period of time have not experienced COVID-19 symptoms such as fever, cough or shortness of breath; **or**

_____ If I was exposed to an individual who **IS** a household contact, I have self-quarantined for **14 days after the isolation period for the household contact has ended**, and during this period of time have not experienced COVID-19 symptoms such as fever, cough or shortness of breath.

*Go to **Certification** at end of the form.*

CERTIFICATION

Please sign and date below if the following statement is accurate: I have completed this form accurately and truthfully. I have had the opportunity to consult with the appropriate representative at the College if I had any questions about this form. If applicable, I have attached appropriate and truthful documentation to support my responses to this form (*i.e., the results of my COVID-19 test or a note from my healthcare provider authorizing me to return to campus*). I understand that providing truthful responses herein is a condition of my return to campus and failing to answer these questions truthfully may lead to disciplinary or corrective action.

Signature

Date