**SELF-CERTIFICATION FORM FOR SAFELY RETURNING TO CLASS/CAMPUS**

I, , certify that I have previously notified my instructor(s)

(PRINT STUDENT NAME)

that I would miss class(es) due to ***symptoms of or exposure to COVID-19***. By signing and dating this form, I certify one of the following statements is true:

* I am no longer experiencing symptoms associated with COVID-19 or similar in nature but due to an unrelated condition or illness.

or

I have completed my period of self-isolation/quarantine or have been symptom-free for 10 days since symptoms first appeared and 24 hours with no fever without the use of fever-reducing medications and COVID –19 symptoms have improved (for example, cough, shortness of breath).

Student Signature: Date:

*You may type in your "signature". You must send the completed form to your instructor(s)* ***and Healthy at Work Officer*** *using your kctcs.edu email account.*

**Falsely signing the *Self-Certification Form for Safely Returning to Class/Campus* will result in disciplinary actions as outlined in the *KCTCS Code of Student Conduct*.**