

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.