

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 that have been related to the Coronavirus. By

signing and dating this form, I certify the following statement is true:

I am no longer experiencing symptoms similar to COVID-19 but were
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) or
other designated college administrator 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*.**