

**ST. JOHN SCHOOL
RETURN TO SCHOOL SELF-CERTIFICATION**

PLEASE NOTE: This form must be completed and sent to school via fax or email BEFORE the student returns to campus. Students may NOT bring this form with them on the day they return.

I, the undersigned, am the parent/guardian of the student listed below, and I attest to the following in order for my child to return to on-campus classes (please check all that apply):

Name of Student: _____ Grade: _____

_____ My student has been fever free without the use of fever-reducing medications for at least 24 hours. (This MUST apply for a student to return to campus; if this does not apply, please do not continue filling out this form or bring your child to school.)

_____ My student quarantined while they or a member of our household waited to receive results of a Covid-19 test. My student has not experienced any Covid-19 symptoms and test results were negative.

_____ My student was exposed to someone who tested positive for Covid-19, and has been quarantined for 10 days from the date of last close contact with that person; my student has not experienced Covid-19 symptoms.

_____ My student was exposed to someone who tested positive for Covid-19, and has been quarantined for 14 days from the date of last close contact with that person; my student has not experienced Covid-19 symptoms.

_____ My student was exposed to someone who tested positive for Covid-19, and I choose to provide documentation of vaccination or of a positive COVID-19 test taken through a medical facility within the last 90 days; my student is not experiencing Covid-19 symptoms.

_____ My student experienced symptoms of Covid-19, and has self-isolated for 10 days from the date of the onset of symptoms; my student has been fever free for at least 24 hours without the use of fever-reducing medications and their symptoms have improved and/or resolved.

Date of onset of symptoms: _____

Date of requested return to school: _____

_____ My student experienced symptoms of Covid-19, but was diagnosed with a condition other than Covid-19 to which the symptoms were attributable, and has been released by their pediatrician/physician to return to school on-campus. That doctor's release is attached.

****Any student who tested positive for Covid-19 MUST have self-isolated and/or quarantined for at least 10 days from the date of the onset of symptoms or the date of the positive test if the student is asymptomatic, be fever free for at least 24 hours without fever-reducing medication, and have seen symptoms resolve/improve. A written release from their pediatrician/physician is REQUIRED to return to school in these cases and must be attached to this form.****

Parent Signature: _____ Date: _____

Print Name: _____