## **Mission Statement**



Faribault Public Schools provides a high-quality and equitable education that nurtures, inspires, challenges, and empowers all students to engage and grow as learners and citizens.

## **COVID-19 Employee Self-Certification to Return to Work**

I,, attest to the following:
I have had no fever for at least three days without taking medication to reduce fever during that time
Date of last fever of 100.4 degrees or higher:
My respiratory symptoms (cough and shortness of breath) have improved for at least three days.
Date respiratory symptoms began improving: (write N/A if no symptoms present)
At least seven days have passed since my fever and/or respiratory symptoms began.
Date fever and/or respiratory symptoms began:
Employee name:
Employee signature:
Today's date:
Date returned to work:

The following is provided for an employee's personal use to document his or her symptoms and
recovery. This page should not be provided to the employer but kept for the employee's personal
records.

Date symptoms began:
Date of last fever of 100.4 degrees or higher:
Date respiratory symptoms began improving:

Date	Temperature	Respiratory symptoms? (Y/N)	Other symptoms or notes