

GISSV CERTIFICATION FOR STUDENT RETURNING TO SCHOOL CAMPUS AFTER COVID-19 SYMPTOMS, POSITIVE TEST RESULT, OR EXPOSURE

We, the undersigned Parents/Legal Guardians of _____ (“Student”), certify that the following is true and correct (*check as appropriate*):

- All of the following are true and correct:
 - At least 14 calendar days have passed since Student first began to exhibit symptoms associated with COVID-19, including fever, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea; **AND**
 - Student has been free of fever (a “fever” is defined as 100.4° F [37.8° C] or greater) for at least 24hours without the use of fever-reducing medicines; **AND**
 - Any symptoms the Student exhibited have improved and are back to normal.
- Student was tested for COVID-19 after he/she/they began exhibiting symptoms consistent with COVID-19 and the test shows that Student is not infected with COVID-19. **A copy of the viral (i.e., non-antibody) test is attached.**
- My health care provider certifies that Student is free from COVID-19. **A copy of the health care provider’s note is attached.**
- Student tested positive for COVID-19, but has not had any symptoms associated with COVID-19, and at least 14 days have passed since the test. **A copy of the viral (i.e., non-antibody) test is attached.**
- Student had close contact (was within 6 feet for a total of 15 minutes or more) with a person known to have COVID-19, Student has not had any symptoms associated with COVID-19, and Student has not tested positive for COVID-19, **AND**:
 - It has been 14 days since Student had close contact with that person; **OR**
 - It has been 14 days since the person who Student had close contact with has been required to self-isolate. **OR**
 - The person known to have COVID-19 was a household member that student was not able to isolate from to avoid close contact, and it has been 14 days since the household member who had COVID-19 has ended his or her isolation period, according to CDC guidelines. (See <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>).

I understand and agree that if Student exhibits symptoms associated with COVID-19 (e.g., fever, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea) after returning to the School campus, I must inform the School immediately, and the School may direct me to keep Student stay away from the School campus until I meet the School’s requirements in the applicable policy to return to the School campus..

Parent/Legal Guardian 1 Name

Signature

Date

Parent/Legal Guardian 2 Name

Signature

Date