

COVID – 19 RETURN TO WORK FORM
Telluride School District

I, _____, **VERIFY THE FOLLOWING ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE:**

____ 1. I have not used fever or symptom altering medications of any kind for the last 48 hours.

____ 2. I have taken my temperature several times during the last 24 hours and have not registered any fever above 100.4 F (38.0 C).

____ 3. I have no signs of any of the symptoms commonly associated with colds, flu, influenza and COVID – 19 including cough, shortness of breath, sniffles, sneezes (non-allergy), fever, chills, body aches, runny nose, or any other similar symptoms associated with colds, flu, influenza and COVID – 19.

____ 4. If I am in the care of a physician or health care provider for COVID-19 or other forms of colds and/or flu, I have received and can produce evidence that I am cleared for Return to Work.

____ 5. I have followed the self-quarantine CDC, federal, state and local guidance on social distancing, avoiding crowds of 10 or more, hand hygiene, cough etiquette, proper disposal of tissues, stay at home, etc.

____ 6. All other adults and children living in my home are infection and symptom free as of the day that I have returned to work.

Date: _____

Signature of Employee: _____