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SCHOOL DISTRICT OF MENOMONEE FALLS RETURN TO SCHOOL SELF-CERTIFICATION

Student Information	
Student Name	
Parent Name	
Grade Level	
Homeroom Teacher Name	
School Location	

I attest my student has not had a fever for a minimum of 24 hours, without taking fever reducing medication during that time.

I attest my student has not been experiencing respiratory symptoms or their respiratory symptoms have improved from the time that they began.

- Date fever and/or respiratory symptoms began:
- Date of last fever of 100 degrees or higher:

Parent signature:

Please initial in this box:

Today's date:

Date returning to school: