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SCHOOL DISTRICT OF MENOMONEE FALLS RETURN TO WORK SELF-CERTIFICATION

Employee Information	
Employee Name	
Job Title	
Department Name	
Supervisor Name	

Symptomatic:

- I attest I have had no fever for at least 24 hours without taking fever reducing medication during that time, my respiratory symptoms have improved and at least 10 days have passed since my fever and/or respiratory symptoms began.
- Date fever and/or respiratory symptoms began: _____
 - Date of last fever of 100.4 degrees or higher: _____

Asymptomatic:

- I attest that 10 days have elapsed from my first positive COVID-19 diagnostic test and I have had no subsequent illness.
- Date of first positive COVID-19 diagnostic test: _____

Quarantine Period:

- I attest that my 10 day quarantine period has ended. I have been advised I may return to work on: _____
- I attest that I have been asymptomatic throughout the 10 day quarantine period and have not had a positive test from COVID-19.

OR

- I attest that I have been asymptomatic throughout the first 7 days of my quarantine period AND have gotten a NEGATIVE COVID -19 test on the **6th day (or after)** of my quarantine. I have sent a copy of this form and my negative test results to covid-sdmf@sdmfschools.org allowing me to return to school on the 8th day of quarantine.

Employee signature: _____

Today's date: _____ Date returning to work: _____

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