

COVID-19: CERTIFICATION FOR STUDENTS RETURNING TO IN-PERSON COURSES AFTER COVID-19 SYMPTOMS/EXPOSURE

Students are to submit this form, signed and completed with all relevant forms attached, to Victor Valley College, Office of Human Resources, Attn: Nonnie Compton at Nonnie.Compton@vvc.edu.

I, _____, certify that the following is true and correct (*check as appropriate*):

- At least 10 days have passed since I first began to exhibit symptoms including fever, cough, shortness of breath, chills, sore throat, muscle or body aches, new loss of taste or smell, congestion or runny nose, fatigue, nausea, vomiting, and diarrhea AND I have been free of fever (a “fever” is defined as 100.4° F [37.8° C] or greater) for at least 24 hours without the use of fever-reducing medicines AND any respiratory symptoms have improved.
- I was tested for COVID-19 after I began exhibiting symptoms of COVID-19/had close contact with someone who was ill with suspected or confirmed COVID-19 and the test shows that I am not infected with COVID-19. **A copy of the viral (i.e., non-antibody) test is attached.**
- My health care provider certifies that I am free from COVID-19. **A copy of my health care provider’s note is attached.**
- More than 14 days have passed since I had close contact with someone with suspected or confirmed COVID-19.
- I otherwise meet CDC recommendations for discontinuing home isolation (found at: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html>) and **copies of relevant test results are attached.**

I understand that if I do present symptoms of COVID-19 (e.g., fever, cough, or shortness of breath) after returning to in-person classes, I must inform the District immediately and will be required to comply with District protocols.

Signature

Date