



ISD Illness and Return to Work/School Form

(To be completed by physician/NP certifying the individual's non-infectiousness)

_____ Fever can be explained by diagnosis of _____,
and employee/student can return to work/school on _____.

_____ Fever/Illness is not related to COVID-19.

_____ Employee/Student tested negative for COVID-19 on _____. Lab results are attached. Employee/Student must also be fever-free for 24 hours without fever-reducing medication, and have improvement in symptoms.

If the Employee/Student tested positive for COVID-19, employee/student can return to work/school IF the following are satisfied:

Employee/Student chooses to:

- Self-quarantines for 10 days since onset of first symptom;
- Is fever-free without fever-reducing medication for 24 hours, and
- Symptoms have improved (e.g. when cough or shortness of breath have improved).

Physician/NP signature: _____ Date: _____

Physician/NP printed name:

Clinic Address:

Clinic Phone Number:

Please submit completed form to ISD Director of Health Service Lori Halsey by email at lori_halsey@idschools.org. You will be contacted with permission to return to school/work once the form has been completed and approved.