

COVID-19 Pandemic-Return to Work/School Checklist

Name: _____ School: _____ Date: _____

Are you an: (please circle one) Employee Student

In order to reduce the risk of spreading COVID-19, we require that you respond to a number of questions prior to returning to work/school. For the safety of our staff, your child, and your family, please be truthful and candid in your answers.

1. Were you tested for COVID-19? yes no
 If yes, what date was the test given? _____ What was the result? _____

 2. Have you been exposed to someone that has tested positive for COVID-19? yes no
 If yes, what date was exposure? _____

 3. Are you currently having signs/symptoms? yes no
 If yes, what date did symptoms start? _____ List symptoms: _____
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By signing below, you are stating that you have read and answered the above questions truthfully and to the best of your knowledge.

 Signature of Employee/Parent Signature (if applicable) Date: _____

 Student's Name (if applicable) Date: _____

Office Use Only

WCSD Health and Safety Committee Recommendation

Having met on _____ and discussed the return of _____ to school/work. WCSD Health and Safety committee recommends a return date of: _____, based on the information provided by the subject requesting to return, considered in light of the most current information available from the Centers for Disease Control and the MS Department of Health.

Signed	Dated

Notes: _____

Citations: <https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html>