

**ATTESTATION IN SUPPORT OF RETURN TO WORK
FOLLOWING COVID-19 DIAGNOSIS**

In order to continue to best protect the health and safety of the LONGVIEW ISD community, LONGVIEW ISD employees who have been required to self-isolate due to a diagnosis of COVID-19 are directed to complete the following information and return to LONGVIEW ISD Human Resources at mjohnson@lisd.org one business day before returning to work. You may scan this form or take a picture of this form in order to return it by email.

Complete as appropriate below:

Has at least one day (24 hours) passed since recovery (resolution of fever without the use of fever-reducing medicine)?

NO YES

If yes, please explain: _____

Have fewer than 10 days passed since you first started to exhibit symptoms? NO YES

If yes, please indicate the number of days and explain: _____

Are you currently awaiting the results of a COVID-19 test? NO YES

Please enclose all COVID-19 test results since your initial diagnosis and explain any outstanding tests:

Are you currently experiencing any of the symptoms of COVID-19 listed below in a way that is not normal for you? NO YES

(feeling feverish or a measured temperature greater than or equal to 100.0 degrees Fahrenheit, loss of taste or smell, cough, difficulty breathing, shortness of breath, fatigue, headache, chills, sore throat, congestion or runny nose, shaking or exaggerated shivering, significant muscle pain or ache, diarrhea, nausea or vomiting)

If yes, please explain: _____

If you answered YES to any of the above, has a medical physician confirmed your current symptoms are unrelated to COVID-19? NO YES

If yes, please explain and enclose medical documentation: _____

If you answered YES to any of these questions, please do not report to LONGVIEW ISD facilities until you receive additional information from LONGVIEW ISD Human Resources.

Print Name: _____

Signature: _____

Date: _____

Failure to complete this attestation may result in an employee being required to take personal leave days or have days docked and may result in other employment consequences as appropriate.

This form was created on August 4, 2020 based on the August 4, 2020 TEA SY 20-21 Public Health Planning Guidance. Before use, confirm TEA guidance has not been updated.