

PERSONAL ATTESTATION

Return to School Return to Work

Our normal policy requires you, or your child, to have a signed physician's statement authorizing your return to work or school. During this influenza season we recognize many physician's offices and Emergency Departments are busier than usual due to the number of people sick with H1N1 (Swine) flu. To avoid overloading your health care provider's office seeing people with minor symptoms or who have already recovered from their illness, you are being asked to complete a personal statement attesting to your, or your child's, recent influenza illness in place of getting a doctor's note.

STATEMENT: I certify that my (my child's) recent absence was because I (my child) was ill with a flu-like illness (fever, cough, sore throat, muscle aches). I have (My child has) now been free of fever for at least 24 hours without the use of medications.

Date(s) of absence from work/school: ___ / ___ / ___ to ___ / ___ / ___

Employee name: _____
(print name)

Signature: _____ Date ___ / ___ / ___

OR

Student name: _____
(print name)

Parent / guardian name: _____
(print name)

Signature: _____ Date ___ / ___ / ___
(parent / guardian)