

**FRANKLIN COUNTY SCHOOL DISTRICT
EMPLOYEE RETURN TO WORK FORM**

Date: _____

Employee Name: _____
(Please Print)

By signing below I certify to the Franklin County School District that I have met the most recent Centers for Disease Control requirements (listed below) to return to school after being infected by the COVID-19 virus:

- At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications **AND** improvement in respiratory symptoms (e.g., cough, shortness of breath; **AND**,
- At least 10 days have passed since symptoms first appeared

Employee Signature: _____