

Date: _____

First & Last Name: _____ Contact phone number: _____

I am unable to attend class or work in-person for the following reason(s):

I have tested Positive for COVID-19 -- Date of the test: _____

I am experiencing symptoms of COVID-19 -- Date symptoms began: _____

Describe your symptoms: _____

I am pending test results/medical diagnosis: Yes No

If yes, date of the test: _____

I have been in close contact with a person who is showing symptoms of or has tested positive for COVID

Date of the last close contact exposure: _____

Have you been experiencing symptoms of COVID-19 after you have been in close contact: Yes No

I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.

Provide the name of health care provider who advised the quarantine: _____

*Close contact is defined as someone who has been within 6 feet of a confirmed positive person for a cumulative time of 15 minutes or more over a 24-hour period, during the infectious period.

(Infectious period is either 2 days prior to symptom onset while symptomatic OR 2 days prior to test date if asymptomatic, up to the last contact.)

Signature: _____

SJCL USE ONLY

Date Fresno County Health Order provided: _____ Date of follow-up: _____

Date cleared to come back to on-campus: _____

Students/Adjuncts -- Email completed document to psmith@sjcl.edu

Staff -- Email completed document to bpitcock@sjcl.edu