



**COVID-19 SELF-CERTIFICATION  
TO RETURN TO CAMPUS FOR  
EMPLOYEES AND STUDENTS**

**Instructions for Employees**

Please submit the completed form to Jenny Klepfer, director of Human Resources, in Ocala Campus Building 1, Room 104, via fax to 352-873-5885, or via email to [klepferj@cf.edu](mailto:klepferj@cf.edu).

**Instructions for Students**

Please submit the completed form to Dr. Alton Austin, director of Enrollment Services and Registrar, in Ocala Campus Bryant Student Union (Building 5), Room 102G, via fax to 352-873-5821, or via email to [alton@cf.edu](mailto:alton@cf.edu).

**Legal Name:** \_\_\_\_\_

**CF ID No.:** \_\_\_\_\_

**Telephone No.:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Select your applicable category:**       Employee       Student

By my affixed signature below, I verify that I have met the current Centers for Disease Control criteria to discontinue home isolation as found on the CDC website at [www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html](http://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date (MM/DD/YY)

**Date I will be returning to campus for work or class(es):**

\_\_\_\_\_  
Date (MM/DD/YY)