



COVID-19 Self-Attestation Notification Form for Academics

I, _____ (Name), tested positive for COVID-19 on _____ (date of positive test). I understand that I need to communicate my positive COVID status, immediately to Health Services. Based on the calculator of the Centers for Disease Control and Prevention (CDC) for isolation (available at <https://www.cdc.gov/coronavirus/2019-ncov/your-health/isolation.html>), I believe I will be out of classes during the following period: _____. (Isolation is a 5-day period, with day 0 being when symptoms started or the date of the first positive test.)

In case of absences due to COVID-19 or otherwise, I understand that it is my responsibility to communicate directly with my professors regarding my time out of classes and any missed work or assignments. I understand that it is my responsibility to make up any missed work or assignments during the period when I am out of class. I understand that it is my responsibility to communicate directly with my professors for any additional missed classes or missed work or assignments outside of the dates listed above.

I understand that it is my responsibility to email this form to all of my faculty, should I need to miss any classes due to COVID-19. I also understand that it is my responsibility to email and/or upload this form to Health Services at healthservices.pvd@jwu.edu (Providence students) hcs.clt@jwu.edu (Charlotte Students) or jwu.medicatconnect.com

By signing below, I certify that the above information is true and correct.

Student Name

Date

Student Signature

Please check the appropriate box:

Student's J Number

- I am a residential student
- I am a commuter student