

# Return to work/school authorization form

\_\_\_\_\_ has had the following Influenza like illness symptoms:  
(Print your name)

Fever over 100 F ..... yes ..... no  
Sore throat and/or cough..... yes ..... no  
Runny nose ..... yes ..... no  
Headache ..... yes ..... no  
Diarrhea, and/or nausea/vomiting ..... yes ..... no  
(circle 'yes' or 'no')

He or she currently reports no fever and has not used ibuprofen, acetaminophen, aspirin, or other anti-fever medication to treat fever, as of this date: \_\_\_\_/\_\_\_\_/\_\_\_\_.  
(You must have no fever for 24 hours *without* the above medications)

In accordance with the NH Department of Health and Human Services (DHHS) recommendations (HAN#20090916), if there has been no fever for 24 hours *without* the above listed medications this person is eligible to return to work/school.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_.  
(or Student's Parent/Guardian)