

CERTIFICATION OF ILLNESS

I _____, a student or employee of Shepherd University, do, by my signature below, certify that:

1) I have been ill during the period of _____ to _____, experiencing the following flu-like symptoms:

- _____.
- 2) That I decided to self-treat this condition;
 - 3) That as a part of my self-treatment I have isolated myself during this period of time and have only left my residence when absolutely essential;
 - 4) That I submit this Certification of Illness in lieu of a physician's note as to my absence from school or work at Shepherd University;
 - 5) That I fully understand that submission of this Certification of Illness under false pretenses (which would include failure to genuinely self-isolate during the listed times) would constitute a fraud upon the University.

Name

Date

This certification of illness is only accepted as valid by the University to document an absence of less than two calendar weeks. A physician's note is required for absences of greater length. Only one absence from school or work may be documented with this form in lieu of physician's note.

It is the responsibility of each student to coordinate with their instructors on the manner in which absences due to illness will be managed.