2200 Bonforte BLVD. PUEBLO, COLORADO 81001-4901 (719)549-2441 Fax (719) 549-2902

COLORADO STATE UNIVERSITY - PUEBLO MEDICAL CERTIFICATE FOR INFLUENZA-LIKE ILLNESS

This form* is to be used in place of the CSU-Pueblo *Medical Certification Form* for those employees who are either ill with influenza-like symptoms (includes fever > 100 degrees, plus any of the following: cough, sore throat, chills, and muscle aches) or caring for a family member with influenza-like symptoms. Family member is defined as parent, child under the age of 18, spouse, legal dependent, or someone living in your household for whom you are the primary caregiver. For other absences that qualify for job protection under the Family and Medical Leave Act (FMLA), i.e., serious health conditions or injuries, contact Human Resources.

I was absent from work on the followin	g dates:	
		for the following reason:
☐ I was ill with influenza-like sympto	oms	
☐ My family member was ill with inf	luenza-like symptoms. Please indica	ate your relationship to the ill person:
Please provide any relevant details concadditional documentation is not required		ch additional documentation if you wish, but
Reminder - Please do NOT come to w	ork if you are sick with a fever	
	r, for at least 24 hours after they no ladicines. Employees should stay av	and limit interactions with other people, longer have a fever or have signs of a fever, way from others during this time period even if
Failure to provide a complete and suffic Providing false information knowingly, disciplinary action.		
Employee Name (please print)	Department	PID
Employee Signature	Date	

* Completed form is to be sent to your Human Resources Office to be placed in a separate, confidential medical file with limited access.