**Self-Certification to Return to Work after COVID-19 Exposure/Symptoms Form**

Complete this self-certification form prior to your return to work if you:

* Had symptoms of COVID-19;
* Have had close contact with an individual diagnosed or showing symptoms of COVID-19; or
* Been directed to self-isolate or quarantine by your health care provider or a public health official.

Upon completion, return the form to **[insert email address or name/contact details for appropriate company representative or department]**. Failure to properly and completely fill out this form may lead to your inability to return to work.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that the following statements are true and accurate:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Statement** | **Yes** | **No** | **N/A** | **Comments** |
| It has been at least three days (72 hours) since I have been free of a fever **[insert (100.4° F or higher) *or* (state definition of fever)]** without the use of fever-reducing or other symptom-altering medicines (e.g., cough suppressants).\* |  |  |  |  |
| Any respiratory symptoms (cough and shortness of breath) have improved. |  |  |  |  |
| Any other symptoms (e.g., loss of taste or smell, gastrointestinal problems, such as nausea, diarrhea, and vomiting) have improved. |  |  |  |  |
| At least seven (7) days have passed since my COVID-19 symptoms first appeared\*\* |  |  |  |  |
| I have not been in close contact with anyone who has exhibited any COVID-19 symptoms in the past 7 days\*\*\* |  |  |  |  |
| I have not been in contact with anyone who has tested positive for COVID-19 |  |  |  |  |

Date respiratory symptoms began improving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (write N/A if no symptoms)

\*Date fever began: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (write N/A if no fever)

\*\*Date symptoms began: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (write N/A if no symptoms)

\*\*\* "Close contact" means living in the same household as a person who has tested positive for COVID-19, caring for a person who has tested positive for COVID-19, being within six feet of a person who has tested positive for COVID-19 for about 15 minutes, or coming in direct contact with secretions (e.g., sharing utensils, being coughed on) from a person who has tested positive for COVID-19, while that person was symptomatic.

I further certify that the above statements are true and correct.

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today's Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Returned to Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_