**COVID-19 Self-Certification Prior to Shift Form**

Prior to the start of each work shift, **[insert employer's name]** requires that all employees complete a COVID-19 self-certification. The certification must be clear and complete and returned to **[insert email address and/or name/contact details for appropriate company representative or department]** before an employee can start their work shift.

**[OPTIONAL: [Insert employer name]** may screen employees' body temperatures prior to entering the work premises. Efforts will be made to conduct screenings out of public view to respect privacy and results are kept private to the extent required by law.**]**

After reviewing an employee's self-certification, if **[insert employer's name]** believes that an employee is exhibiting COVID-19 symptoms, was exposed to COVID-19 or is unable or unwilling to self-certify, **[insert employer name]** will ask the employee to immediately leave the work premises and seek medical attention and applicable testing by their health care provider. Employees are not to return to the work until cleared by a health care professional or are no longer experiencing symptoms for at least seven days.

**Certification**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby certify that on today's date the following information is true and accurate:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Statement** | **Yes** | **No** | **N/A** | **Comments** |
| Fever of 100.4 degrees or greater |   |   |   |   |
| Cough within the past 24 hours |   |   |   |   |
| Shortness of breath within the past 24 hours |   |   |   |   |
| Sore throat |   |   |   |   |
| Any other symptoms associated with COVID-19 (e.g., loss of taste or smell, gastrointestinal problems, such as nausea, diarrhea, and vomiting) |   |   |   |   |
| Close contact with an individual diagnosed or exhibiting symptoms of COVID-19\* |   |   |   |   |
| Received a positive test result or diagnosis based on symptoms for COVID-19 |   |   |   |   |
| Directed to self-isolate or quarantine by health care provider or public health official |   |   |   |   |

\* "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 certify that the above statements are true and correct.

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

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

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

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