Employee Self-Certification Form

Please note that [COMPANY] is relying on your honesty to maintain the health and safety of the workplace.



| **RETURN FROM CONFIRMED COVID-19 ILLNESS OR COVID-19 SYMPTOMS** |
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| If employee has not been tested for COVID-19:  I, , certify that:   * I have not had a fever (100.4 F or higher) for at least 72 hours (that is without the use of fever-suppressing medicine); AND * My symptoms, such as cough or shortness of breath, have improved; AND * At least 10 days have passed since my symptoms first appeared.   If employee has been tested for COVID-19:  I, , certify that:   * I have not had a fever (100.4 F or higher) for at least 72 hours (that is without the use of fever-suppressing medicine); AND * My symptoms, such as cough or shortness of breath, have improved; AND * I have received two negative tests in a row, 24 hours apart. |
| **RETURN FROM QUARANTINE OR TRAVEL TO LEVEL 3 AREA** |
| I, , certify that I have not been ill with COVID-19 or experienced COVID-19-like symptoms, such as fever, cough, or shortness of breath, within the past 14 days.  Furthermore, I certify that within the past 14 days, I have not visited any Level 3 Travel Health Notice Countries. For a list of such countries: [https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-](https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html) [travel-precautions.html](https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html).  Nor have I violated the April 3, 2020 travel.state.gov Global Level 4 Health Advisory [https://travel.state.gov/content/travel/en/traveladvisories/ea/travel-advisory-alert-global-level-4-](https://travel.state.gov/content/travel/en/traveladvisories/ea/travel-advisory-alert-global-level-4-health-advisory-issue.html) [health-advisory-issue.html](https://travel.state.gov/content/travel/en/traveladvisories/ea/travel-advisory-alert-global-level-4-health-advisory-issue.html) |

| **DISCLOSURE OF DOMESTIC TRAVEL (LAST 14 DAYS)** |
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| In the last fourteen (14) days, from the date of this executed document, I traveled to the following domestic locations (including countries outside of my county of residence).  1. 5.  2. 6.  3. 7.  4. 8. |
| **RETURN FROM CARING FOR OR LIVING WITH AN INDIVIDUAL WHO HAS HAD CONFIRMED COVID-19 ILLNESS OR COVID-19 SYMPTOMS** |
| I, , certify that:   * It has been 14 days since I have cared for or been in close contact\* with an individual who has had confirmed covid-19 illness or covid-19 symptoms, AND * I have not been ill with COVID-19 or experienced COVID-19-like symptoms, such as fever, cough, or shortness of breath, within the past 14 days.   \*Close contact is defined by the CDC as (a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case, or  (b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on). |

***This policy is subject to change in accordance with any changes in circumstances or guidance from the CDC, public health officials, or government (federal, state, or local).***

Employee Name (please print) Employee Signature

Date

REVIEWED BY:

HR Name (please print)

HR Employee Signature Date Disposition Status:

Cleared to Return to work Y / N Effective Date:

Reevaluate on

* Completed form will be maintained in a confidential file, separate from your personnel file.