



CERTIFICATION FOR EMPLOYEE RETURNING TO WORK AFTER COVID-19 SYMPTOMS, POSITIVE TEST RESULT, OR EXPOSURE

I, _____ (“Employee”), certify that the following is true and correct (*check as appropriate*) as of _____ (enter date):

SYMPTOMATIC AND/OR POSITIVE

- All of the following are true and correct:
 - At least 10 days have passed since I first began to exhibit symptoms associated with COVID-19, including fever, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea; **AND**
 - I have been free of fever (a “fever” is defined as 100.4° F [37.8° C] or greater) for at least 24 hours without the use of fever-reducing medicines; **AND**
 - Any respiratory symptoms I exhibited have improved.
- I tested positive for COVID-19, but have not had any symptoms associated with COVID-19, and at least 10 days have passed since the test. **A copy of the viral (*i.e.*, non-antibody) test is attached.**
- I tested positive for COVID-19; I subsequently took another COVID-19 test¹ on day 5 or later and tested negative (Enter day # here _____); I have been fever free for more than 24 hours without fever-reducing medications; and I did not have any symptoms or the symptoms I had were improving. **A copy of both viral (*i.e.*, non-antibody) tests are attached.**

SYMPTOMATIC – NEGATIVE TEST

- I was tested for COVID-19 after I began exhibiting symptoms consistent with COVID-19, the laboratory-based² test shows that I am not infected with COVID-19 I have been fever free for more than 24 hours without fever-reducing medications, and any symptoms I had were improving. **A copy of the viral (*i.e.*, non-antibody) test is attached.**

CLOSE CONTACT – UNVACCINATED

- I had close contact (was within 6 feet for 15 minutes or more) with a person known to have COVID-19, I have not had any symptoms associated with COVID-19 and I have not

¹ When testing to return to work following a positive COVID-19 test, antigen tests are preferred but tests must be processed by a laboratory, or observed or administered by a medical professional or worker’s employer.

² Self-administered (home) tests are not acceptable for this purpose.

tested positive for COVID-19, AND it has been at least 10 days since I had close contact with that person.

- I had close contact (was within 6 feet for 15 minutes or more) with a person known to have COVID-19, I have not had any symptoms associated with COVID-19, it has been at least 5 days since I had close contact with that person; AND I took a COVID-19 test³ that shows I am negative for COVID-19 on **day 5** of quarantine or later (Enter day # here: _____). **A copy of the viral (i.e., non-antibody) test is attached.**

OTHER

- My health care provider certifies that I am free from COVID-19. **A copy of the health care provider's note is attached.**
- I was directed by a health care provider to self-quarantine, I have not had any symptoms associated with COVID-19, and my doctor has since cleared me to return to work. **A copy of the health care provider's note is attached.**

I understand and agree that if I exhibit symptoms associated with COVID-19 (e.g., fever, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea) after returning to work, I must inform my supervisor immediately, and the City may direct me to stay away from work until I meet the City's requirements in the applicable policy to return to work.

Employee Name	Signature	Date
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SEND COMPLETED FORM TO HUMAN RESOURCES IMMEDIATELY

³ When testing to return to work following a close contact exposure, antigen tests are preferred but tests must be processed by a laboratory, or observed or administered by a medical professional or worker's employer.