COVID-19 Employee Self-Certification to Return to Duty

This checklist provides as a guide for general managers and HR representatives to complete with the employee seeking return to duty after isolation period based on current guidelines and protocol. This self-certification is not intended for the diagnosis or treatment of COVID-19. Proper government isolation clearance must also be provided before being cleared for duty.

I, _____, confirm that my symptoms have improved and have gone 24 hours without taking medication to reduce my fever or for pain.

Date fever and/or symptoms began: _____ *(if no symptoms, write N/A)*
Date symptoms began improving: _____ *(if no symptoms, write N/A)*

In the last 5 days, have you experienced any of the symptoms listed below? (*check <u>all</u> that apply*)

☐Fever or feeling feverish (such as chills, sweating)
Date of last fever of 100.4°F/38°C or higher: _____
☐Cough
☐Mild or moderate difficulty breathing
- *Breathing slightly faster than normal, feeling like you can't inhale or exhale, or wheezing, especially during exhaling or breathing out.*

☐Sore throat
☐Muscle aches or body aches
☐Unusual fatigue
☐Headache
☐New loss of taste or smell
- *The loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation.*

☐Congestion or runny nose
☐Nausea or vomiting
☐Diarrhea
☐Other symptoms

NOTE: Although the risk of being infected with the virus that causes COVID-19 is low if you are fully vaccinated, you should get tested and stay home and away from others, except to get medical care, until:

- It has been 5 days***** from when your symptoms first appeared.
  *****If you have a weakened immune system (immunocompromised) due to a health condition or medication, you might need to stay home and isolate longer than 10 days and possibly 20 days after symptoms begin. In some circumstances, further testing may be needed. Talk to your healthcare provider for more information.
- You have had no fever for 24 hours without the use of medications.
- Other symptoms of COVID-19 are improving.

☐No symptoms

Employee Signature: _____

Self-Certification Date: _____

General Manager or HR Representative Name (Print & Sign): _____

Date Cleared for Duty: _____