

COVID-19 RETURN TO WORK ATTESTATION FORM

Employee Name	Employee ID Number	Date
Title	Supervisor	Department
Return Date	Is this Intermittent Return? Yes / No	
If Yes, Total Hours Requested	Requested Schedule – Days, Hours	

IN ORDER TO RETURN TO WORK FROM A COVID-19 RELATED LEAVE, I CERTIFY THE FOLLOWING TO BE TRUE (COMPLETE FOR THE SITUATION THAT APPLIES TO YOUR LEAVE):

For Persons diagnosed with or exposed to COVID-19 AND who have exhibited symptoms consistent with COVID-19 and were directed to care for themselves at home may discontinue isolation under the following conditions:

- ☐ At least 24 hours have passed since last fever without the use of fever-reducing medications; **and**
- ☐ Improvement in symptoms (e.g., cough, shortness of breath); **and**
- ☐ At least 10 days have passed *since symptoms first appeared*; **or**
- ☐ At least 7 days have passed *since symptoms first appeared*; **and**
- ☐ Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from nasopharyngeal swab specimen.

For Persons exposed to COVID-19 AND who are not exhibiting symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:

- ☐ 10 days from exposure without testing; **or**
- ☐ 7 days after exposure with a negative test result; **and**
- ☐ Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from nasopharyngeal swab specimen.

For Persons with laboratory-confirmed COVID-19 who have not had any symptoms; may discontinue isolation under the following conditions:

- ☐ At least 10 days have passed since the date of their first positive COVID-19 diagnostic test and have had no subsequent illness provided they remain asymptomatic; **or**
- ☐ At least 7 days have passed *since symptoms first appeared*; **and**
- ☐ Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from nasopharyngeal swab specimen.

For 3 days following discontinuation of isolation, these persons should continue to limit contact (stay 6 feet away from others) and limit potential of dispersal of respiratory secretions by wearing a covering for their nose and mouth for 14 days following onset of illness, whenever they are in settings where other persons are present. In community settings, this covering may be a barrier mask, such as a bandana, scarf, or cloth mask. The covering does not refer to a medical mask or respirator.

I certify that the above information is truthful and understand that misrepresenting any COVID-19 related symptoms in conjunction with my return to work is grounds for discipline, up to and including termination.

Employee Signature: _____

If signing electronically, please type your full name, followed by “e-signed.”