

# Employee Self-Certification Form

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

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## RETURN FROM CONFIRMED COVID-19 ILLNESS OR COVID-19 SYMPTOMS

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-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-health-advisory-issue.html>

**DISCLOSURE OF DOMESTIC TRAVEL  
(LAST 14 DAYS)**

In the last fourteen (14) days, from date of this executed document, I travelled to the following domestic locations (including counties 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.