



Employee Certification to Return to Work After Testing Positive for COVID-19, Exhibiting Symptoms of COVID-19, Having Known Exposure to COVID-19 or Suspicion of Having or Being Exposed to COVID-19 (For Employees Other than Healthcare Workers and Emergency Responders)

(May be used if a Doctor's Note is not practicable)

I, _____, certify that, at least fourteen (14) calendar days prior to the date of this certification, I either tested positive for COVID-19, exhibited symptoms of COVID-19, had known exposure to an individual who tested positive for COVID-19, or had suspected exposure to SARS-CoV-2, the virus that causes COVID-19.

I further certify the following:

- I have been free of fever (a “fever” is defined as 100.4° F [37.8° C] or greater using an oral thermometer) for at least 72 hours without the use of fever-reducing medicines;
- Any other signs of other COVID-19 related symptoms that I may have experienced, including my respiratory symptoms (*e.g.*, cough or shortness of breath) have significantly improved in the last 72 hours;
- At least 7 days have passed since any COVID-19 symptoms I may have had first appeared; and
- I have complied with all directives provided to me by my health care provider before seeking to return to work, including, but not limited to, directives regarding the length of time that I need to self-isolate/quarantine, follow-up testing, and social distancing.

I understand that if I do present symptoms of COVID-19 (*e.g.*, fever, cough, or shortness of breath) after returning to work, I must inform my supervisor immediately and the **County Safety Officer or Human**

Resources Department may either direct me to stay away from work or may require me to undergo a fitness for duty examination at the County's expense and according to the policy regarding fitness for duty examinations.

Employee Signature

Date

Contact Information:

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