# Self-Certification to Return to Work After COVID-19 Symptoms/Exposure Form

## When to Use

Due to the ongoing coronavirus (COVID-19) pandemic and the acknowledgement of community spread by the Centers for Disease Control and Prevention (CDC), an employer may wish to require that employees who have been ill with COVID-19 or have had close contact with an individual diagnosed or showing symptoms of COVID-19 to complete a self-certification form prior to returning to work. The form allows an employee to self-certify that they:

* Do not have symptoms of COVID-19;
* Have not had close contact with an individual diagnosed or showing symptoms of COVID-19; and
* Have not been directed to self-isolate or quarantine by their health care provider or a public health official.

An employer can use this form to provide to employees for self-certification before they return to the workplace.

## Tips

Employees who exhibit symptoms or are unable to self-certify should be directed to leave the work site and seek medical attention from their health care provider. An employee should be urged to follow Centers for Disease Control and Prevention (CDC) guidelines, including staying home, until it is determined that the employee is safe to return to work. The guidelines specify that an employee may return to work when the employee is free of fever (100.4° F or greater) and any other symptoms for at least 72 hours, without the use of fever-reducing or other symptom-altering medicines (e.g., cough suppressants).

For those considered [critical infrastructure workers](https://www.cisa.gov/publication/guidance-essential-critical-infrastructure-workforce) (e.g., essential workers), the CDC issued [guidance that relaxes the return-to-work standard](https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html) in order to "ensure continuity of operations of essential functions." Critical infrastructure workers may be permitted to continue working following potential exposure to COVID-19, provided they remain asymptomatic and additional precautions are implemented to protect the workers and the community.

Normally prohibited under the Americans with Disabilities Act (ADA), an employer may ask employees questions about their medical condition as these relate to COVID-19 under the direct threat exception. These questions should be directly related to COVID-19 symptoms.

Educate supervisors and employees on the symptoms of COVID-19 and require the employees to self-report and leave the workplace if they begin to experience symptoms. Supervisors should be trained on how to handle health concerns from employees.

An employer may take an employee's temperature before entry into the workplace. While measuring an employee's body temperature is considered a medical examination, which is generally not allowed under the ADA, the CDC and state/local health authorities have acknowledged community spread of COVID-19. As a result, the guidance in the [EEOC's Pandemic Preparedness In The Workplace And The Americans With Disabilities Act](https://www.eeoc.gov/facts/pandemic_flu.html) provides that employers may implement temperature-screening measures for employees and others entering the establishment. It is also important to remember that some people with COVID-19 do not have a fever and some people with a fever do not have COVID-19.

Encourage sick employees, whether they have COVID-19 symptoms or not, to leave the workplace and go home.

Ensure the employee fills in this form completely. Clear up any ambiguities or unclear statements with the employee.

## Warnings

These self-certification forms must be treated as a confidential medical record in compliance with the Americans with Disabilities Act (ADA).

Note that the CDC's recommendations for discontinuing isolation in persons known to be infected with COVID-19 could conflict with recommendations on when to discontinue quarantine for persons known to have been*exposed* to COVID-19. For example, the CDC recommends 14 days of quarantine after exposure based on the time it takes to develop COVID-19 if infected. A person *known* to be infected could possibly leave isolation earlier than a person who is quarantined because of the *possibility* they are infected.

Employers should not require employees to provide a health care provider's note to validate the employee's diagnosis or to return to work because health care providers and medical facilities may be extremely busy and not able to provide such documentation in a timely manner. Employees should remain at home until they are no longer experiencing COVID-19 symptoms.

# Self-Certification to Return to Work after COVID-19 Exposure/Symptoms Form

Complete this self-certification form prior to your return to work if you:

* Had symptoms of COVID-19;
* Have had close contact with an individual diagnosed or showing symptoms of COVID-19; or
* Been directed to self-isolate or quarantine by your health care provider or a public health official.

Upon completion, return the form to **[insert email address or name/contact details for appropriate company representative or department]**. Failure to properly and completely fill out this form may lead to your inability to return to work.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that the following statements are true and accurate:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Statement** | **Yes** | **No** | **N/A** | **Comments** |
| It has been at least three days (72 hours) since I have been free of a fever (100.4° F or greater) without the use of fever-reducing or other symptom-altering medicines (e.g., cough suppressants).\* |   |   |   |   |
| Any respiratory symptoms (cough and shortness of breath) have improved. |   |   |   |   |
| Any other symptoms (e.g., loss of taste or smell, gastrointestinal problems, such as nausea, diarrhea, and vomiting) have improved. |   |   |   |   |
| At least seven (7) days have passed since my COVID-19 symptoms first appeared\*\* |   |   |   |   |
| I have not been in close contact with anyone who has exhibited any COVID-19 symptoms in the past 7 days\*\*\* |   |   |   |   |
| I have not been in contact with anyone who has tested positive for COVID-19 |   |   |   |   |

*Date respiratory symptoms began improving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (write N/A if no symptoms)*

*\*Date fever began: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (write N/A if no fever)*

*\*\*Date symptoms began: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (write N/A if no symptoms)*

*\*\*\* "Close contact" means living in the same household as a person who has tested positive for COVID-19, caring for a person who has tested positive for COVID-19, being within six feet of a person who has tested positive for COVID-19 for about 15 minutes, or coming in direct contact with secretions (e.g., sharing utensils, being coughed on) from a person who has tested positive for COVID-19, while that person was symptomatic.*

I further certify that the above statements are true and correct.

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today's Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Returned to Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_