

EMPLOYEE CERTIFICATION FORM
RETURN FROM LEAVE

In order to protect our employees, clients, and community, and to help ease the strain on the healthcare system by not requiring medical certification (except in certain circumstances), we are requiring that employees who have been absent due to their own illness or to care for someone else who is ill or who have been quarantined or have returned from travel to Level 3 areas or other COVID-19 hotspots to certify certain information. The Company, your coworkers, and your community are relying on your honesty and integrity.

These guidelines and this form are subject to change, and the Company reserves the right to require certification and releases from a health care provider.

Please initial next to the appropriate box that applies to you:

_____ My leave was because **I was ill but my illness did not involve COVID-19** (no fever of 100.4 or higher, no shortness of breath, no coughing, or other signs or respiratory illness, no loss of taste or smell). I certify that I have been completely symptom free for at least 24 hours without using medication to treat the symptoms.

_____ My leave was because **I had a confirmed diagnosis of COVID-19** and either:

_____ I certify that I (1) have been fever free for at least 72 hours without the use of medication that reduces fevers, AND (2) my coughing and shortness of breath have improved AND (3) at least 7 days have passed since my symptoms first appeared;

OR

_____ I certify that I (1) have been fever free for at least 72 hours without the use of medication that reduces fevers, AND (2) my coughing and shortness of breath have improved AND (3) I have received two negative tests in a row, 24 hours apart.

OR

_____ I certify that although I tested positive for COVID-19, I (1) did not ever experience symptoms of COVID-19, AND (2) have not experienced any symptoms since my diagnosis, AND (3) it has been at least 7 days since my positive test for COVID-19.

_____ My leave was because **I had COVID-19 symptoms** and either:

_____ I certify that I (1) tested negative for COVID-19 and (2) have been fever free for at least 72 hours without the use of medication that reduces fevers and (3) the rest of my symptoms have resolved.

OR

_____ I certify that I (1) have been fever free for at least 72 hours without the use of medication that reduces fevers and (2) the rest of my symptoms have resolved.

_____ My leave was because **I was quarantined due to travel or other reasons**. I certify that I have not been ill with any type of illness or symptoms, including but not limited to fever (100.4 or higher), coughing, shortness of breath, runny nose, or other symptoms in the last 14 days.

_____ My leave was because **I was traveling**. I certify that I have not traveled to or visited any Level 3 Travel Health Notice Countries (<https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html>) or any U.S. or other cities or states that have a high COVID-19 level or were on a shelter in place or stay at home order (if you have questions about locations, please speak with HR).

_____ My leave was because **I was caring for or living with an individual who had COVID-19 symptoms or a confirmed diagnosis of COVID-19**. I certify both that it has been 14 days since I have cared for or had close contact (within 6 feet for period of time, been coughed or sneezed on, etc.) with an individual who had COVID-19 symptoms or a confirmed diagnosis, AND I have not been ill with COVID-19 or experienced COVID-19 symptoms.

I swear under penalty of perjury that this certification is true and accurate. I understand that I remain an at-will employee. I agree to comply with all Company policies, practices, and procedures.

Employee Name: _____

Employee Signature: _____