

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 in the past 14 days.
- Have had close contact*** with an individual diagnosed or showing symptoms of COVID-19 in the past 14 days.
- Have been directed to self-isolate or quarantine by your healthcare provider or a public health official.

Upon completion, return the form to your building principal. Building principals will need to forward on to Angie Baumann, Director of Human Resources. Failure to properly and completely fill out this form may lead to your inability to return to work.

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, difficulty breathing and shortness of breath) have improved.				
Any of the other symptoms which include new loss of taste or smell, gastrointestinal (nausea, diarrhea, vomiting), muscle aches, chills, repeated shaking with chills, headache, and sore throat have improved.				
At least 10 days have passed since my COVID-19 symptoms first appeared. **				
I have not been in close contact with anyone who has exhibited COVID-19 symptoms in the past 14 days.				
I have not been in contact with anyone who has tested positive for COVID-19 in the past 14 days.				

Date respiratory symptoms began improving: _____ (write N/A if no symptoms)

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

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

*** "Close contact" means within 6 feet for more than 15 minutes, directly being exposed to someone or in direct contact with secretions (e.g., cough) of someone confirmed as having COVID-19.

I certify that the above statements are true and correct.

Employee name: _____

Employee signature: _____

Today's date: _____

Date returned to work: _____

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