

Employee Self-Certification Form for COVID-19 Symptoms

This form is to be used for employees who are either experiencing COVID-19-like symptoms or caring for a family member who is experiencing COVID-19-like symptoms.

Family member includes: a parent, child under the age of 18, spouse, legal dependent, or someone living in your household for whom you are the primary caregiver, including domestic partners, in-laws and step relatives or any other person whose association with the employee is similar to that of a family member.

COVID-19-like symptoms include: fever over 100 degrees, cough, and shortness of breath.

I certify that I was absent from work on the following days:

I certify I was absent for the following reasons:

____ I was ill with COVID-19-like symptoms.

____ My family member was ill with COVID-19-like symptoms. Please indicate your relationship to the ill person: _____.

You may attach additional documentation if you wish, but additional documentation is not required.

REMINDER – PLEASE DO NOT COME TO WORK IF YOU HAVE COVID-19 SYMPTOMS

Employees with COVID-19-like symptoms (described above) should stay home and follow CDC guidelines to determine when it is safe to return to work. Currently, the guidelines indicate it is safe when the employee is free of fever, signs of a fever, or any other symptoms for at least 72 hours, without using fever-reducing or other symptom-altering medicines. Please refer to the CDC's website for any updates to this guidance.

Providing false information knowingly, either directly or through another party, may result in corrective and/or disciplinary action.

Printed Name: _____ Department: _____

Signature: _____ Today's Date: _____

*** Completed form is to be sent to your agency's human resources office to be placed in a separate, confidential medical file with limited access.**