**Disclaimer**

Self-Certification to Return to Work after COVID-19 Exposure Symptoms Form은 비지니스를 reopen하는 사업장에 복귀하여 출근하는 직원 또는 휴가/휴직 후에 돌아오는 직원들이 회사/사업장에 출근하기 전에 본인들이 COVID-19에 감염되거나 노출된 적이 있는지 여부, COVID-19의 증상 또는 이와 유사한 증상이 있었는지 여부, 또 Healthcare Provider/Public Health Officer로부터 격리조치를 권고 받은 적이 있었는지 여부 등에 대해 고용주에게 제출하는 Self-Certification 입니다.

회사는 직원으로부터 받은 본 문서를 Americans with Disabilities Act상의 confidential medical record로 취급하여 일반적인 직원들의 personnel file과 별도로 보관하여야 합니다.

**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 the Human Resources 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 higher** 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_