COVID-19 EMPLOYEE SELF-CERTIFICATION FORM

We are asking **all employees** who come on site to complete and submit a self-certification. This is in an effort to continue taking safety measures; we are taking an abundance of caution to be sure you, your family, co-workers and customers are safe. Prior to starting a shift, each employee shall self-certify. To ensure confidentiality please place your completed certification in the sealed box.

# I have no signs of fever or a measured temperature above 100.3 degrees or greater, a cough or trouble breathing within the past 24 hours.

# I have not had “close contact” with an individual diagnosed with COVID-19.

# “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 6-feet of a person who has tested positive for COVID-19, or coming in direct contact with secretions (e.g. sharing utensils, being coughed on etc.) from a person who has tested positive for COVID-19, while that person was symptomatic.

# I have not been asked to self-isolate or quarantine by doctor or a local public health official.

**NOTE:** Employees exhibiting symptoms or unable to self-certify will be directed to leave the work site and seek medical attention and applicable testing by their health care provider. They are not to return to the work site until proper information is provided to (INSERT NAME) directly. We want to be sure we are following the guidance from local, state and federal agencies for your safety and others.

**I attest that the above information is accurate and complete. I understand this will be placed in my medical file.**

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_

**Additional Comments** are welcome. Please provide additional information you deem necessary for example, ways we can add to our safety program and communication or information related to you as an employee of (INSERT COMPANY NAME) during this time.