

**Employee Attestation: Return to Work Requirements  
Due to COVID-19-Related Absence**

**Purpose:** This form must be completed and submitted to the agency's HR department prior to an employee returning to work who was in close contact with a person who tested positive for COVID-19; who tested positive for COVID-19; or who had symptoms of COVID-19 but did not get tested. If an employee was tested for COVID-19 due to symptoms but did not have close contact with a person who tested positive and tested negative, the employee can return to work once their doctor releases them and/or their symptoms have improved without meeting the requirements outlined in this form. In addition to the requirements outlined in this form, agencies may have their own screening protocols employees must pass in order to return to work.

**Agency Notice:** If an employee does not meet the below criteria to return to work but works in a healthcare or critical infrastructure position with staffing shortages, please contact DHR.

**Employee Section:**

I, \_\_\_\_\_ (employee name), attest that I fit one of the following criteria, as required to return to work:

1. I had symptoms of COVID-19 (see definition 1); was in close contact (see definition 2) of someone who was infectious with COVID-19; or tested positive for COVID-19 (see definition 3), \_\_\_\_\_ (initials), **and**
  - I had mild or moderate illness (see definition 4) and I am not severely immunocompromised (see definition 5) \_\_\_\_\_ (initials), **and**
  - At least ten (10) days have passed since symptom onset \_\_\_\_\_ (initials) **and**
  - At least twenty-four (24) hours have passed since resolution of fever without the use of fever-reducing medications \_\_\_\_\_ (initials) **and**,
  - Other symptoms have improved \_\_\_\_\_ (initials).

OR

2. I tested positive for COVID-19, but I have not had any symptoms \_\_\_\_\_ (initials), **and**
  - At least ten (10) days have passed since the date of collection of the specimen for the first positive test for COVID-19 \_\_\_\_\_ (initials).

OR

3. I was in close contact of an individual who was infectious with COVID-19 \_\_\_\_\_ (initials), **and**
  - I have had no signs or symptoms of COVID-19 since the close contact \_\_\_\_\_ (initials), **and**
  - At least ten (10) days have passed since I was within close contact of an individual who tested positive for COVID-19 \_\_\_\_\_ (initials) **or** at least seven (7) days have passed since I was within close contact of an individual who tested positive for COVID-19 and I received a negative

diagnostic test (see definition 6) \_\_\_\_\_ (initials) and my local health district has adopted the seven (7) day testing strategy (see definition 7) \_\_\_\_\_(initials).

OR

4. I was in close contact with and individual who was infectious with COVID-19 \_\_\_\_\_(initials), **and**
- I completed my COVID-19 vaccination series<sup>8</sup> two weeks (14 days) or more before the first date of contact \_\_\_\_\_(initials), **and**
  - I received the last dose in the series 3 months or less before the last date of contact \_\_\_\_ (initials), **and**
  - I have remained asymptomatic since the last date of contact \_\_\_\_\_(initials)

To the best of my knowledge and belief, under penalty of perjury, I attest that the above statement is true and accurate.

\_\_\_\_\_  
Employee Printed Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Phone Number

\_\_\_\_\_  
Employee Email Address

**Once completed, please return to human resources.**

CC: Medical File

## Definitions

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1. Symptoms of COVID-19 include: Fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea. This list does not include all possible symptoms. CDC will update this list at <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html> as more is learned about COVID-19.
2. Close contact is defined as being less than six feet from someone who has tested positive for COVID-19 for 15 minutes or more over a 24-hour period starting from 2 days before illness onset (or, for asymptomatic individuals, 2 days prior to test specimen collection) until isolation.
3. For this guidance, tested positive for COVID-19 means that SARS-CoV-2 RNA was detected by polymerase chain reaction (PCR) on a respiratory (nasopharyngeal, nasal, BAL) or saliva specimen. CDC has not developed guidance for return to work when SARS-CoV-2 antigen tests are positive. Tested positive for SARS-CoV-2 does not mean a positive antibody test.
4. Mild illness is various signs and symptoms of COVID-19 without shortness of breath, dyspnea (difficulty breathing), or abnormal chest imaging. Moderate illness is evidence of lower respiratory disease (e.g., pneumonia) by clinical assessment or imaging and an oxygen saturation of  $\geq 94\%$  at room air at sea level. If someone was on oxygen therapy or in the ICU, their illness would be considered severe or critical.
5. For the purposes of this document, “severely immunocompromised” is defined as being on chemotherapy for cancer, being within one year out from receiving a hematopoietic stem cell or solid organ transplant, untreated HIV infection with CD4 T lymphocyte count  $< 200$ , combined primary immunodeficiency disorder, or receipt of prednisone  $> 20\text{mg/day}$  for more than 14 days.
6. Diagnostic Test means polymerase chain reaction (PCR) test or Nucleic Acid Amplification Test (NAAT).
7. Implementation of the testing strategy (discontinuation of isolation after 7 days with a negative PCR or NAAT test) varies by jurisdiction. Contact your local Public Health District for specific recommendations.
8. A COVID-19 vaccination series means: 1) two valid doses of Pfizer-BioNTech mRNA COVID-19 vaccine, or 2) two valid doses of Moderna mRNA COVID-19 vaccine.