

**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 the employee tested negative, they 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. In addition, if I am unvaccinated and meet the criteria of 1-3, I will follow the CDC guidance on mask wearing¹:

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 five (5) 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 five (5) 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**

¹<https://www.cdc.gov/media/releases/2021/s1227-isolation-quarantine-guidance.html>

- At least five (5) days have passed since I was within close contact of an individual who tested positive for COVID-19 _____ (initials) **or** at least five (5) 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)

OR

4. I was in close contact with an individual who was infectious with COVID-19 _____ (initials), **and**
- I have received a booster, **or** I completed my COVID-19 vaccination series⁷ within the last six (6) months for Pfizer or Moderna or within the last two (2) months for Johnson & Johnson before the first date of contact _____ (initials), **and**
 - I have remained asymptomatic since the last date of contact _____ (initials), **and**
 - I will adhere to the CDC guidance and will wear a mask indoors for 10 days or until I receive a negative COVID-19 test result after taking a COVID-19 test five (5) days after exposure _____ (initials)

OR

5. I was in close contact with an individual who was infectious with COVID-19 _____ (initials), **and**
- I tested positive for COVID-19 within the past 3 months _____ (initials) **and**
 - I meet the criteria in 1) or 2) above _____ (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

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 within six (6) feet from someone who has tested positive for COVID-19 for a cumulative total of 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. People who are fully vaccinated do NOT need to quarantine after contact with someone who had COVID-19 unless they (the fully vaccinated) have symptoms. However, fully vaccinated people should get tested 5 days after their exposure, even if they don't have symptoms and wear a mask indoors in public for 10-days following exposure or until their test result is negative.
3. For this guidance, tested positive for COVID-19 means that SARS-CoV-2 RNA was detected by polymerase chain reaction (PCR) or other nucleic acid amplification test (NAAT) on a respiratory (nasopharyngeal, nasal, BAL) or saliva specimen. A positive antigen test in a **symptomatic** person should also be considered as tested positive for COVID-19. A positive antigen test in an asymptomatic person requires follow-up testing by a NAAT. 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. A COVID-19 vaccination series means: 1) two valid doses of Pfizer-BioNTech mRNA COVID-19 vaccine (BNT162b2), or 2) two valid doses of Moderna mRNA COVID-19 vaccine (mRNA-1273), or 3) one valid dose of Janssen COVID-19 vaccine (Ad.26.COV2.S).