

Self-Certification to Return to Work after
COVID-19 Exposure & Symptoms

Employer Instructions and Guidelines

Due to the ongoing coronavirus (COVID-19) pandemic and the acknowledgment of community spread by the Centers for Disease Control and Prevention (CDC), an employer may wish to require that employees who have been ill with COVID-19 or have had close contact with an individual diagnosed or showing symptoms of COVID-19 to complete a self-certification form before returning to work. The form allows an employee to self-certify that they:

* Do not have symptoms of COVID-19;
* Have not had close contact with an individual diagnosed or showing symptoms of COVID-19; and
* They have not been directed to self-isolate or quarantine by their health care provider or a public health official.

An employer can use this form to provide to employees for self-certification before they return to the workplace. The following form can be used to certify employees before the beginning of their shift. To assist employers when receiving questions from employees when completing the form:

* Employees who exhibit symptoms or are unable to self-certify should be directed to leave the worksite and seek medical attention from their health care provider.
* An employee should be urged to follow CDC guidelines, including:
* Staying home until it is determined that the employee is safe to return to work.
* Returning to work when the employee is free of fever (100.4° F or higher) and any other symptoms for at least 72 hours, without the use of fever-reducing or other symptom-altering medicines (e.g., cough suppressants).

**NOTE:**  Some states have different thresholds for what constitutes a fever, e.g., 99.5° F or higher, so consult state and local return-to-work guidelines.

* Critical infrastructure designated workers may operate under a different set of CDC guidelines that relaxes the return-to-work standards to "ensure continuity of operations of essential functions." Essential infrastructure workers ***may be permitted to continue working following potential exposure to COVID-19, provided they remain asymptomatic and additional precautions are implemented to protect the workers and the community***.

Employers should take careful note of the following as it impacts compliance with various existing employment laws:

* The Americans with Disabilities Act (ADA) typically prohibits inquiries around specific health conditions by an employer. However, an employer may ask employees questions about their medical condition as it relates to COVID-19 under the ***direct threat exception***. These questions should be directly related to COVID-19 symptoms only.
* Employers should educate their supervisors and employees on the symptoms of COVID-19 and require the employees to self-report and leave the workplace if they begin to experience symptoms. Supervisors should be trained on how to handle health concerns from employees.
* Please refrain from providing health advice; instead, counsel the employee to consult with their health care provider with any questions or concerns they may have.
* It is permissible for an employer to take an employee's temperature before entry into the workplace. While measuring an employee's body temperature is considered a medical examination, which is generally not allowed under the ADA, the CDC and state/local health authorities have acknowledged the community spread of COVID-19. As a result, the guidance in the ***EEOC's Pandemic Preparedness In The Workplace And The Americans With Disabilities Act*** provides that *employers may implement temperature-screening measures for employees and others entering the establishment.* It is also important to remember that some people with COVID-19 do not have a fever, and some people with a fever do not have COVID-19.
* Encourage sick employees, whether they have COVID-19 symptoms or not, to leave the workplace and go home.
* Ensure the employee fills in this form completely. Clear up any ambiguities or unclear statements with the employee.

Warnings

These self-certification forms must be treated as a confidential medical record in compliance with the Americans with Disabilities Act (ADA) and contain protected health information (PHI) according to the Health Insurance Portability and Accountability Act (HIPAA). Appropriate filing and record retention in compliance with EEOC guidelines must be maintained.

Employers should not require employees to provide a health care provider's note to validate the employee's diagnosis or to return to work because health care providers and medical facilities may be extremely busy and not able to provide such documentation in a timely manner. Employees should remain at home until they are no longer experiencing COVID-19 symptoms.

**For additional COVID-19 Leadership Resources and Information, or for HR expertise as it pertains to normalizing your operations, visit our web site at:**  <https://bhcagroup.com/advisory/coronavirus>

**Self-Certification to Return to Work after**
**COVID-19 Exposure & Symptoms** Form

Employees are to complete this self-certification form prior to your return to work if you:

* Had symptoms of COVID-19;
* They 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 [Appropriate HR person/supervisor]. Failure to properly and completely fill out this form may lead to your inability to return to work.

Certification

I **[Employee Name],** 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 Fever or State Definition of Fever]**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 certify that the above statements are true and correct.

Employee Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Returned to Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today's Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_