



**STAYING
SAFE & WELL
TOGETHER**

Returning to Work Clearance from COVID-19 Isolation

I, _____, certify under penalty of perjury that the following is true and correct.

(Print employee name)

Please check the statement that best describes you: (check only one)

- It has been 10 days since my symptoms began or since I received a positive test result AND my symptoms have significantly improved AND it has been at least 24 hours since I have had a fever without the use of fever-reducing medication.
- It has been 10 days since I received a positive test result but I have had no symptoms occur.
- I was advised by my medical professional to return to work. I have provided written documentation from the medical professional. (All hospitalizations require written medical clearance.)
- It has been at least 5 days since my symptoms began or since I have received a positive COVID-19 test result. I re-tested negative for COVID-19 on or after day 5, AND have been free from fever and fever reducing medication for 24 hours, AND my symptoms have significantly improved. I have uploaded my Day 5 Negative COVID-19 test result to my PRIVIT portal account. I will wear an upgraded mask on campus while indoors through day 10.

Employee Full Name (Print): _____ Job Title: _____

Employee Signature: _____ Date: _____

Office Use	
Approved By:	
Test Results Rcvd:	
Medical Docs Rcvd:	
Date of Return:	