

## Self-Attestation to Return to Work or School

\*If this Self-Attestation is not acceptable to allow your return to work or school, please speak with your Employer or School Administrator, or contact your Medical Provider.

Due to a lack of Provider availability to accept appointments for the sole purpose of providing return to work/school notes; I ask that this Self-Attestation be accepted as alternate documentation.

I have/my child has been sick since \_\_\_\_\_ (date) and believe it would be appropriate to return to work/school today.

### Check all that apply:

All of my/my child's symptoms are greatly improved.

I/my child have/has **no** continuing chest pain, shortness of breath, rash, vomiting, or diarrhea.

I/my child have/has **had NO FEVER** for at least 24 hours after the last use of Tylenol, Advil or other fever lowering medication.

My/my child's provider has been consulted (in person or by phone) and says it is safe for me to return.

My/my child's provider has NOT been consulted (in person or by phone).

**COVID Test:** No  Yes/Date \_\_\_\_\_ and was negative  / positive  → see <https://COVID19.ca.gov/quarantine-and-isolation/#quarantine-vs-isolation> to calculate your isolation).

- If COVID test was done and **positive**:

I have been in Isolation for at least 5 days and had a **negative** COVID test on **day 6 or later**. I will continue to wear a well-fitting N95 mask at work/school through the **10<sup>th</sup> day after** the positive COVID test.

- **OR** I have not re-tested. But it has been **at least 10 days** since the positive test.

**AND** I have had no fever (without the use of fever reducing medications for at least 24 hours).

Name of Employee/Student: \_\_\_\_\_

Place of Employment/Education: \_\_\_\_\_

Signature (Patient or Guardian): \_\_\_\_\_ Date \_\_\_\_\_