

ULM COVID-19 RETURN TO WORK SELF-CERTIFICATION

Name: _____ Department: _____ CWID: _____

Prior to quarantine, complete option 1, 2, or 3 depending on your circumstances:

1. POSITIVE OR SYMPTOMATIC: For individuals who tested positive for COVID-19 with symptoms:

I hereby certify the following:

- At least 24 hours have passed since my last fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and** at least 10 days have passed since first positive COVID-19 diagnostic test.

Symptomatic employees are expected to test before returning to the workplace.

Date of Positive Test: _____

2. ASYMPTOMATIC: For individuals who tested positive for COVID-19 who have NOT had symptoms:

I hereby certify the following:

- At least 10 days have passed since the date of my first positive COVID-19 diagnostic test and I have not subsequently developed symptoms.

Date of Positive Test: _____

3. DIRECT CONTACT: For individuals who were exposed to COVID-19 and have been in quarantine:

I hereby certify the following:

- At least 10 days have passed from the last date of my known exposure to COVID-19 and I have not developed symptoms.
- At least 7 days have passed from the last date of my known exposure to COVID-19 and I have not developed symptoms and I received a negative test result.

Date of Known Exposure: _____

The certification made above is true and correct to the best of my knowledge and belief. I acknowledge and understand that being accurate and correct is not only important for my health and safety, but for the health and safety of others on campus.

Signature

Today's Date

Expected return Date