



## COVID-19 Employee Certification to Return to Work After Exhibiting Symptoms or Being Exposed to COVID-19.

Employee Name	
Department	

I, \_\_\_\_\_, certify that:

- I have been free of fever (a “fever” is defined as 100.4° F [37.8° C] or greater using an oral thermometer), signs of a fever, and any other COVID-19 related symptoms (e.g., cough, shortness of breath, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting or diarrhea) for at least 24 hours, without the use of fever-reducing or other symptom-altering medicines (e.g., cough suppressants) and at least 10 days since the first sign of symptoms (if not tested or received negative test). I further certify that I have not had a positive COVID-19 test result at any time\*.
- I have been free of fever (a “fever” is defined as 100.4° F [37.8° C] or greater using an oral thermometer), signs of a fever, and any other COVID-19 related symptoms (e.g., cough, shortness of breath, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting or diarrhea) for at least 24 hours, without the use of fever-reducing or other symptom-altering medicines (e.g., cough suppressants) and at least 10 days since the first positive test\*.
- I have not experienced any COVID-19 related symptoms (e.g., fever, cough, shortness of breath, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting or diarrhea) since the date of the suspicion of having or being exposed to COVID-19 and have self-quarantined for at least 14 days\*.
- I have a return to work order issued by a health care provider and the order is attached\*.

*\*Based on guidance from the Riverside County Health Officer, the Riverside County Department of Public Health, and the CDC. Return to work guidance is subject to change without notice and may be modified due to individual circumstance and/or as provided by health authorities.*

I understand that if I do show signs of having COVID-19 (e.g., fever, cough, shortness of breath, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting or diarrhea), I must inform my supervisor immediately and the City of Palm Springs may either direct me to stay away from work or may require me to undergo a fitness for duty examination at the City’s expense and according to the City’s policy regarding fitness for duty examinations.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date