

Employee Certification to Return to Work After Exhibiting Symptoms of COVID-19 or
Suspicion of Having or Being Exposed to COVID-19
(May be used if a Doctor's Note is not practicable)

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 or shortness of breath) for at least 24 hours, without the use of fever-reducing or other symptom-altering medicines (*e.g.*, cough suppressants). I understand that if I do show further signs of having COVID-19 (*e.g.*, fever, cough, or shortness of breath), I must inform my supervisor immediately and the City 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.

Signature

Date