**ATTESTATION**

Return to Work - Release from Quarantine

1. Please check the appropriate box below

**For employees who tested positive:**

It been at least 10 days since I first began experiencing any symptoms (fever, cough, shortness of breath or other respiratory distress), the symptoms have either ended or improved, and I have been fever-free for at least 24 hours and have not taken any fever-reducing medication (such as Tylenol) in that same period of time.

**For employees who were exposed:**

It has been at least 10 days since I was last in close contact (within 6 feet for a minimum of 10 minutes) to a person who has tested positive for COVID-19, and since that time I have not developed any symptoms.

1. Please read the attestation

*By my signature below, I attest this to be true, accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability, and further I acknowledge that all COVID regulations including distancing, disinfecting, wearing of a mask, reporting of symptoms, exposure or testing positive must be continually adhered to.*

1. Please sign and date

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_