



Employee Self -Certification to Return to Work Form

City of Greenbelt
Human Resource Department
Please email form to: hrdept@greenbeltmd.gov

Due to the health advisories from the Centers for Disease Control and Prevention (CDC) and the Maryland Department of Health concerning the spread of the 2019 novel coronavirus COVID-19, the City of Greenbelt is requiring all employees to self-certify their exposure to COVID-19 in order to report to work.

I, _____, certify that the information provided below is accurate and complete to the best of my knowledge and belief and that I understand that false statements or information is grounds for disciplinary action. I certify to the following:

- I have had no temperature exceeding 100°F for at least five days.
- I have had no COVID-19 symptoms for at least the last ten days (10).
- I have not been in close contact or exposed to an individual with suspected or confirmed COVID-19.
- I have not traveled to a high-risk location in the last fourteen days (14).
- I have not been asked to self-isolate or quarantine by a doctor or public health official.

In addition, I agree that at any time following my signature of this Self-Certification until the State of Maryland lifts the COVID-19 State of Emergency:

- I will not come to work if I am sick, have tested positive for COVID-19, or have been asked to self-isolate or quarantine by a doctor or public health officials.
- I will not come to work if I have COVID-19 symptoms.
- I will comply with all personal protective equipment (PPE), social distancing and hygiene requirements implemented by the City.
- I understand that the situation is fluid and other guidelines may be established as needed; I will be notified of any changes or updates.

Employee name: _____

Employee signature: _____

Today's date: _____

Date returned to work: _____

* **CLOSE CONTACT:** means living in the same household as a person, caring for a person, being within 6 feet of a person for 15 minutes or more, or coming in direct contact with secretions (e.g., sharing utensils, being coughed on) from a person who is suspected to have or who has tested positive for COVID-19.

* **SYMPTOMS:** includes fever, cough, shortness of breath or difficulty breathing, chills or repeated shaking with chills, muscle pain, headache, sore throat, and new loss of taste or smell.

****Please return this form back to Human Resources when you return to work.***