



STATE OF COLORADO EMPLOYEE SELF-CERTIFICATION FORM FOR COVID-19 SYMPTOMS OR QUARANTINE / ISOLATION ORDER

This form is to be used in place of the CMU/State of Colorado Medical Certification Form for employees who are either ill with COVID-19-like symptoms (www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html), caring for a family member with COVID-19-like symptoms or subject to a quarantine or isolation order. Family member is defined as a parent, child under the age of 18, spouse, legal dependent, or someone living in your household for whom you are the primary caregiver, including domestic partners, in-laws and step relatives or any other person whose association with the employee is similar to that of a family member. For other absences that qualify for job protection under the Family and Medical Leave Act (FMLA), i.e., serious health conditions or injuries, contact Human Resources.

I was absent and UNABLE to work beginning (date) to (date).

I was absent and ABLE to work from home beginning (date) to (date).

I was/will be absent to care for: Myself Eligible Family Member/Individual due to the following reason(s): Relationship to Individual

Ill with COVID-19-like symptoms.

Subject to an isolation order or asked to self-quarantine by a healthcare provider.

Please provide any relevant details concerning your absence (e.g. advised by a health care provider, isolation order). Additional documentation may be required.

* Please DO NOT come to work if you are sick *

Employees with COVID-19-like illness, should stay home and follow CDC guidelines to determine if it's safe to return to work. Currently, the guidelines indicate it is safe when the employee is free of fever (100.4° F [37.8° C] or greater using an oral thermometer), signs of a fever, and any other symptoms for at least 72 hours, without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants). Please refer to the CDC's website for a complete list of symptoms at www.cdc.gov.

Failure to provide a complete and sufficient certificate within 15 calendar days after you return to work may result in denial of sick and administrative leave. Providing false information knowingly, either directly or through another party, may result in corrective and/or disciplinary action.

By signing below I attest that I (check as applicable):

- Received approval from my supervisor/department head if I am working remotely.
Have been symptom-free, without the use of medicines, for at least 72 hours.
Contacted Mesa County Public Health (MCPH) on (date) and was informed I may return to work on the date listed above.
Contacted my Doctor on (date) and was informed I may return to work on the date listed above.

Please attach supporting documentation (e.g. COVID test results, MCPH notification) with this form.

Employee Name (please print)

Department

700#

Employee Signature

Date

Completed form is to be sent to the CMU HR office to be placed in a separate, confidential medical file with limited access.

Completed by Payroll/HR Only:

FFCRA Leave Dates

Total Hours/Days

State of CO Admin. Leave Dates

Total Hours/Days