

Self-Attestation to Return to Work or School

*California Department of Public Health Guidance¹ does not currently mandate or recommend that employers require a medical note for employees to return to work or for K-12 children to return to school.

I request this self-attestation be accepted because a medical note is not feasible for me based on provider unavailability.

I _____ (NAME) attest to ALL of the following:
(check all 5 and sign below)

- 1. Today's DATE is _____ and it has been more than 5 days since I/my child got sick OR tested positive.
- 2. I/my child got sick/symptoms started on (DATE)_____.
- 3. My/my child's symptoms have greatly improved.
- 4. I/my child have had **NO fever for at least 24 hours** (without use of Advil, Tylenol, Acetaminophen, Ibuprofen or other fever-reducing medications).
- 5. I/my child have a negative COVID-19 test that was collected on (DATE)_____, which is on or after day 6 (since my/my child's symptoms started)
OR I/my child have NOT tested AND it has been more than 10 days since symptoms started.

Optional - Check any of the following (if applicable):

- I/my child **do not currently have** chest pain, shortness of breath, rash, vomiting, or diarrhea
- My/child's provider has been consulted (in person or by phone) and says it is safe for me/my child to return to work/school (K-12).
- My/child's provider has NOT been consulted.

Optional - COVID Test: NO YES/(DATE)_____ and tested negative / positive
→SEE <https://COVID19.ca.gov/quarantine-and-isolation/#quarantine-vs-isolation> to calculate IF COVID-19 TEST was **positive**:

- I have been in Isolation for at least 5 days and had a **negative** COVID test on **day 6 or later**.
- If required by my employer I will continue to wear a well-fitting medical or N95 mask at work through the **10th day after** the positive COVID test **OR** I have not re-tested AND it has been **more than 10 days** since I tested positive for COVID-19.

NAME of Employee/Student: _____

Place of Employment/School: _____

Signature (Worker/ Parent or Guardian): _____ DATE _____

¹ Cal/OSHA's COVID-19 Emergency Temporary Standard (ETS) follow CDPH's recommended isolation periods for positive COVID-19 cases. Some employees/ workplaces may be covered by different standards such as Cal/OSHA Aerosol Transmissible Diseases (ATD) Standards.