USA HEALTH Return to work attestation for employees

Dear USA Health employee,
You are COVID negative. Please contact your supervisor immediately.
You may return to work if you attest to the following:

Do you have symptoms?

Fever?	☐ Yes ☐ No	Loss of taste or smell?	☐ Yes ☐ No
Active vomiting?	☐ Yes ☐ No	New onset of muscle aches?	☐ Yes ☐ No
Active diarrhea?	☐ Yes ☐ No	Persistent and unusual headache?	☐ Yes ☐ No
Cough?	☐ Yes ☐ No		

- If you have fever, active vomiting, diarrhea, a cough, loss of taste or smell, new onset of muscle aches, or a persistent and unusual headache, **do not go to work** and **call your supervisor.** You must be without fever for 24 hours without taking acetaminophen or ibuprofen.

Household/repetitive exposure with no PPE:

Do you live in close quarters with someone who recently tested positive? ☐ Yes ☐ No

- If NO, **call your supervisor,** and you are **cleared to return to work**.
- If YES, and you are fully vaccinated, you may return to work.
- If YES and you are not fully vaccinated, and you **do not have 2 negative PCR tests**, then **do not go to work** and **call your supervisor.**

I attest that all of the information I have provided here is accurate. Failure to provide an accurate or truthful response imposes a risk to my health and the health of others. I also understand that my failure to respond truthfully may result in employment disciplinary action, up to and including termination.

I agree to the above terms ☐

Print your first and last name _____

J number _____

Date/time _____

This attestation is only valid for 12 hours from your return to work. Please complete and give to your supervisor.

Reminder: You must wear your mask within the facility.

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